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## ***CERTIFICATE***

Certified that I have gone through the dissertation submitted by **Dr.G.S.Sathya, (Reg No : 32063007)** a student of final M.D.(S) Branch V- Noi Naadal of this college and the dissertation work has been carried out by the individual only. This dissertation does not represent or reproduce the dissertation submitted and approved earlier.

**Place :** Palayamkottai.

**Date :**

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## INTRODUCTION

“Anu” (Atom) is...the ultimate outcome of philosophical knowledge which means “End in End” itself. Life on this earth is a cycle, Every beginning has its end and every end has a beginning. Destruction is referred, when a substance splits up into molecules and atoms, in which no more splits can be attempted. This forms the basis of the origin of this universe. The energy which activates the “Anu” to form life is the “Sivam”

“இறைவனே எவ்வுயிருந் தோற்றுவிப்பான் தோற்றி  
இறைவனே வீண்டிறக்கஞ் செய்வான்”

-அற்புத திருவந்தாதி

### Pirabanjam (Universe) Panjaboothamayam

The macrocosm is formed by the five basic elements in their varied combinations. Atoms of similar character congregate together to form the universe.

### Thegam (Body) Panjaboothamayam

The microcosm is the presentation of the macrocosm having akin combinations.

Any mood change in the macrocosm is reflected in the microcosm.

“அண்டத்தைப் பார்த்தாயே வைம்பூத மாச்சுதே  
பிண்டத்தைப் பார்த்திடு பேரஞ்ச பூதமாம்  
கண்டந்த யோனியுங் காணஞ்ச பூதமாம்  
பாண்டத்தின் வாதத்தில் பாரஞ்ச பூதமே”

-சட்டமுனி நிகண்டு (1187)

## Siddhars are...

“மாயத்தைக் கண்ட சித்தர்  
மதியதை பெருக்கிக் கொண்டு  
காயத்திலிருக்கும் போதே  
கர்த்தனை கலந்து கொள்வார்  
நேயத்தை விட்டபோது  
நேர்சிவந் தன்னை சேர்வார்  
மாயத்தைக் கண்டு சூட்ட  
வாசியில் வாழு வாரே”

- சுப்பிரமணியர் சுத்த ஞானம்-61

Siddhars are gifted forms of nature to mankind. It has been referred that they are ones who attained their ends is spiritual goal.

The siddhars attained spiritual awakening are by arousing with their suppressed breathing ‘The Kundalini’ (Serpent power as it is termed) lying dormant at the base of the spinal column in the region of the sacral plexus and with the help of remedies of high preparations and poisons, they sought for Elixir of life, thus conquering all infirmities against grey hairs, wrinkles of skin, old age and death.

The Siddhar’s were the greatest, holding tremendous powers in themselves by way of Yoga practice and Rejuvenation. To attain the spiritual development, they worked out the Eight supernatural powers. These are Anima, Magima, Lagima etc.,

“தானே அணுவுஞ் சகத்துதன் நொய்மையும்  
மானா கனமும் பரகாயத் தேகமுந்  
தானாவ தும்பர காயஞ்சேர் தன்மையும்  
ஆனாத வண்மையும் வியாப்பியு மாம்எட்டே

-திருமந்திரம்

### **Siddha system is...**

“A candle does not lose its light by lighting another candle”.

Likewise, the siddhars after conquering their goal had contributed their means and acknowledgements through their writings. This collection of writings formed the basis of siddha system of medicine – A glorious ancient system. The unique nature of this system is its continuous service to humanity for more than five thousand years in combating disease and in radiating its physical, mental and moral health, while many of its contemporaries had completed their course long long ago.

### **Man is...**

a compacted form of the five elements which serves as the root cause, for the origin of the searlife, plant life and earthly provisions. All human parts are formed by the binding of widely scattered philosophy in this galaxy, by a common force.

According to siddhars, the human body consists of two parts. The Sthula thegam refers to body formed by nerves, skin, bones, musculatures etc. The Sukuma thegam which refers to the spiritual soul.

### **Disease is...**

Any altered emotion which interferes with the normal gay attitudes prevailing in the soul binded body, causing an impact on the physical body itself is referred to as disease.

2 types        -        Physical disorders

Psychological disorders like stress

Among the many physical disorders, I have chosen the most prevalent, disturbing and distressful disorder “Moothira Kaadha kirecharam”. An attempt to elaborate the finest detail of this disease through the Siddha parameters has been accomplished.



## SIDDHA PHYSIOLOGY

Man develops three distinct, personalities namely the mind, the vital or life force and the Body.

Through the mind – he thinks and wills

Through the vital or life force – he executes his thought and will

Through the physical Body – he express what he thinks and wills

Mind	-	Vali	}	Three Uyir Thathukkal (Humours)
Life force	-	Azhal		
Body	-	Iyam		

### Three Humours theory:

In terms of etymology,

Vali means → Dynamic force

(Or)

Creative force

(Or)

Motivative force

and it represents Vayu, mind, dryness, pain, flatulence, sensitiveness, lightness and also air.

Azhal means → Static force

(Or)

Metabolic force

And it represents gastric juice, bile, energy, heat, inflammation, anger, irritation etc.,

Iyam means → “which hold things together”

(Or)

“Provide substance”

(Or)

Destructive force

It also represents, feeling of cold, heaviness, running of the nose, passing of mucoid discharge and also the saliva.

The mind and vital or life force are hidden in the gross physical body and evolve gradually.

The physiology in the Siddha system involves 96 basic factors, three humours (3 Uyir Thathukkal) seven constituent elements (7 Udal Thathukkal) 14- Reflexs (14 Vegams) and four body fires.

**உயிர் தோற்றம்**

“உருப்பொருள் தாங்குமுடலுமுயிரும்

உடற்காதார மொன் பஞ்சபூதப்

பஞ்சீகரணப் பான்மையா மெனவும்

உயிர்காதார முயர்த்தா தெனவும்

முப்பிரிவாகி முக்குணமணுகி

உடலையு முயிரையு மோம்பிக்காத்து

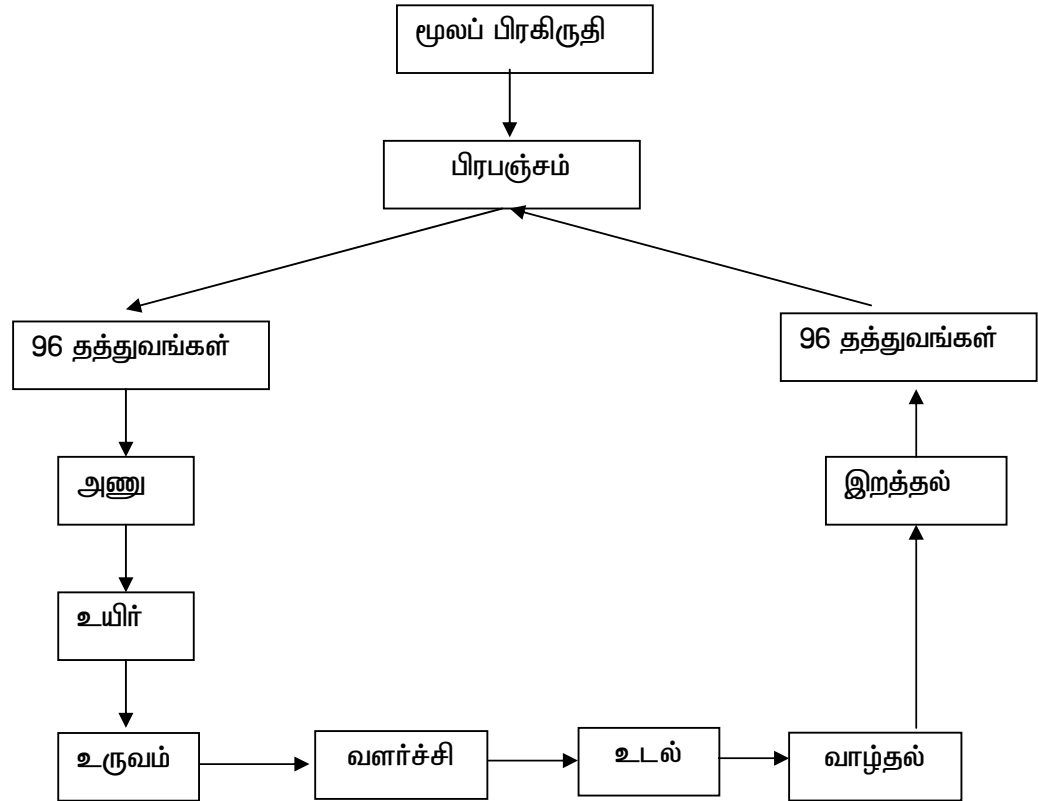
வருமென முதுமறை வகுக்குந்துணிபே”

- *நோய்நாடல் நோய் முதல் நாடல்*

## This Poem Says

The burden of the ‘origin of life’ is Confined to the body and soul. The varied combinations of the five elements form the fundamental concrete for the body. For the soul, it is the 3 Humours i.e., “Uyirathu” namely (Vali, Azhal and Iyam), whose characters coincide with that of Air, Fire and water. Besides, the body and soul are nourished and protected by these elements.

அணுக்களால் ஆயது உலகம் - அணுவானது 96 தத்துவங்களால் ஆனது. அணு - அருவம் - அணுக்கள் பல கூட்டு சேர்ந்து திரளுகையில் - உருவமாய் நம்மால் அறியமுடிகிறது.



(முன்வினை பயன் துய்த்தல்)

The 96 Thathuvas are

உறுதியாம் பூதாதி யோரைந்தாகும்

உயர்கின்ற பொறியைந்து புலனைந் தாகும்

.....

- பதினெண் சித்தர் நாடி ரகசியம்

### **Three Humours – Uyir Thathukkal**

#### **Genesis of Vali, Azhal and Iyam**

“பூரணமாய் மூலமுதலாறாதாரம்

புரிய சடதசவாய் வுநாடி மூன்று

காரணமாயிடை பின்னாய் சுழிமுனையுமாகி

கலந்துநின்ற வாதபித்த சிலேத்துமமாகி. ....”

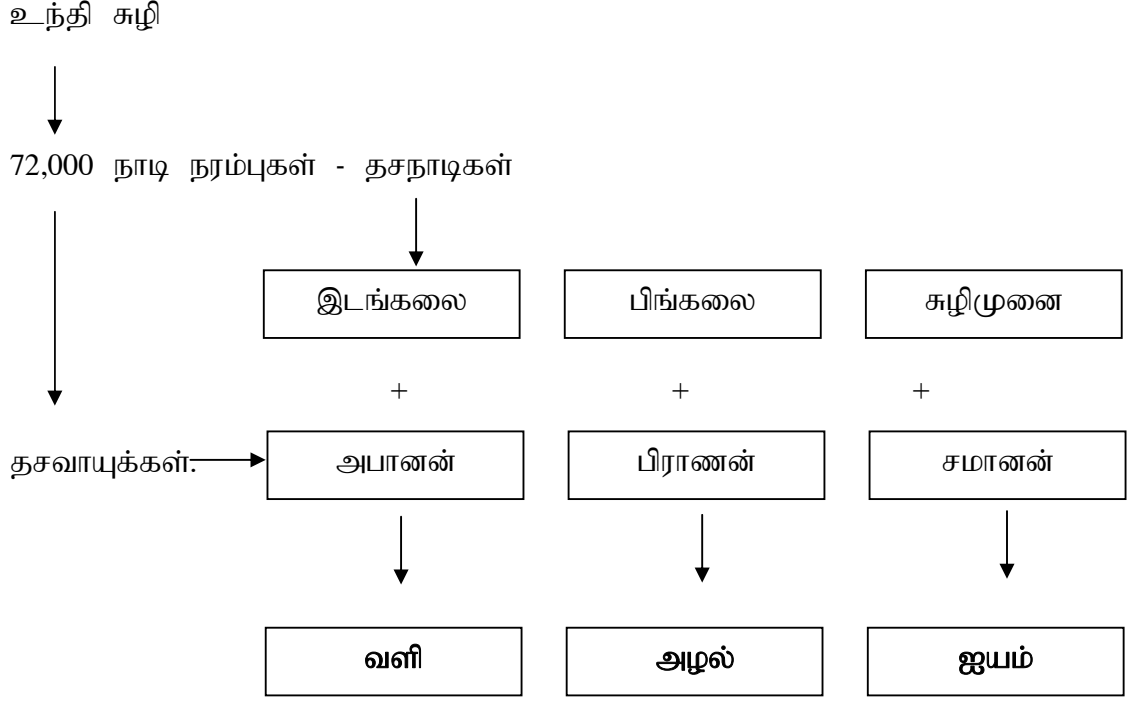
“வந்தகலை முன்றில் வாயுவா மபானனுடன்

தந்தபிராணன் சமானனுக்குஞ் சந்தமற

கூட்டுறவு ரேகித்தல் உறும் வாதம் பித்தம்

நாட்டுங் கபமேயாம் நாடு”.

- கண்ணுசாமியம் வெண்பா



## Seven Constituent Elements - Udal Thathukkal

The seven thathus are responsible for the entire structure of the body.

These are,

“வருரச மிரத்தமாங்கிசம் வளர்கின்ற மேதையத்திக்  
கருமிகு மஜ்ஜையோடு கலர்ந்தசுக் கிலந்தானேழாய்  
யுருவெனுஞ் சரீரமாகி யுயர் சட்டை ரசமுஞ் சேர்ந்து  
பருவரை முலையினாலே பலபல ரோகந்தானே”

- அகத்தியர் 2000 (21)

“இரசம் உதிரம் இறைச்சி தோல் மேதை  
மருவிய வத்தி வாழும் பொடு மச்சை  
பரவிய சுக்கிலம் பாழாம் உபாதி  
உருபம் லாலுடல் ஒன்றெனலாமே”

- திருமந்திரம் - (2086)

## **That is**

- |                            |             |
|----------------------------|-------------|
| 1. Saaram                  | 2. Senneer  |
| 3. Oonn                    | 4. Kozhuppu |
| 5. Enbu                    | 6. Moolai   |
| 7. Sukkilam(or) Suronitham |             |

This thathus maintain the function of different organs, systems and vital parts of the Body. They play a very important role in the development and nourishment of the body.

The thathus are also a part of the biological protective mechanism with the help of agni, they are responsible for the immune mechanism. When one thathu is defective, it affects the successive thathu, as each thathu receives its nourishment from the previous thathu.

## **14 Reflexes – Vegams.**

“பதினான்கு வேகப் பெயர்கள்  
பகர்ந்திட அவற்றை கேளாய்  
விதித்திடும் வாதம் தும்மல்  
மேவுநீர் மலம்கொட் டாவி  
கதித்திடு பசிநீர் வேட்கை  
காசமோ டிளைப்பு நித்திரை  
மதித்திடு வாந்தி கண்ணீர்  
வளர்சுக்கிலஞ் சுவாசமாமே”

- சித்த மருத்துவாங்க சுருக்கம்

### These are

வாதம்	- Flatulus	தும்மல்	- Sneezing
சிறுநீர்	- Urine	மலம்	- Faeces
கொட்டாவி	- Yawning	பசி	- Hungry
நீர்வேட்கை	- Thirst	காசம்	- Cough
இளைப்பு	- Relaxation	நித்திரை	- Sleep
வாந்தி	- Vomit	கண்ணீர்	- Tear
சுக்கிலம்	- Semen	சுவாசம்	- Breath

If we controls (or) repress any one of the above 14 reflexes, it will produce this disease.

### Four body fires:

The normal digestive fire is called as **Sadarakini** and it is a combination of Samana vayu, analapitham and kilethaga pitham

Anala pitham is predominant while samana vayu takes the saaram to various parts of the body and maintain the functions of udhana and abana vayu, and kilethaga kapham moisture the food in the digestive process.

#### 1. Samanakini:

When the sadarakini is normal with the proper balance of the three constituent of it, it is called as samanakini. The balanced diet of an individual is properly digested in time.



## **2. Mandhakini:**

An increased kilethagam with the deficiency of analaphitam causes this condition, in which food is poorly digested and the process of digestion take a longer time.

## **3. Deekshakini:**

An increased analapitham with the deficiency of kilethagam leads to this condition, causing excessive digestive fire burning a larger quantum of food in a lesser duration of time.

## **4. Vishamakini:**

The Samana vayu is mostly affected thereby causing irregular digestion and may make the food, poisonous.

## SIDDHA PATHOLOGY

The force which stabilizes a new form of life in the human body is “Jeeva Sakthi” which means the energy which balances the body. It is also referred to as the “Uyrir Thathu” (or) “Jeeva Thathu”.

The Soul exhibits its control over the body with the aid of its three characters namely Sathuvam, Rasatham and Thamasam and three humors namely Vali, Azhal and Iyam the basis of Jeeva Sakthi.

The Sivam which is in the state of Nirgunam (without attributes), in the Sarguna (with all attributes) state itself acts and performs the three functions of Creations, Protection and Destruction like the three Gods namely Bhrama, Vishnu and Sivan likewise the soul in this body performs the functions of Anabolism, Metabolism and Catabolism, itself acting as the three humor Vali, Azhal, and Iyam.

Vali, Azhal and Iyam are the three structural forms of the single form – Jeeva Sakthi, having interactions with the Sthula and Sukuma parts of the body.

“அத்தன் அமைத்த உடலிரு கூறினிற்

சுத்தம் தாகிய குக்குமஞ் சொல்லுங்காற்

சத்த பரிசு உருவ ரசகந்தம்

புத்திமா னாங்காரம் புரியம்ம காயமே”

- திருமந்திரம் 2084

## DISEASE

The Disease literally means without ease (uneasiness) the opposite of ease. It is a condition of the body (or) some part (or) organ of the body in which its function are deranged (or) disrupted.

“முப்பிணி மருவி முனிவு கொள் குறிப்பைத் தப்பா  
தறியும் தன்மையும் வாத பித்த வையம் பிரிவையு  
மவைதாம் ஏறியிறங்கி இணைந்து கலந்து மாறி  
மாறி வரும் செயற்கையாற் பிணி நேர்மையறிந்து  
நீட்டு மருந்தே சீரியதாமெனச் செப்புவர் சித்தரே”

“தன்வினை புறவினை தாழினும் மிகினும்  
உடலை பிணிக்கு முண்மையிது தாமே”.

- கையெழுத்துபிரதி

“மிகினும் குறையினும் நோய்செய்யும் நூலோர்  
வளிமுதலா வெண்ணிய மூன்று”

- திருக்குறள்

According to Siddha System, body is constituted by 96 thathuvas. So if any derangement in thathuvam leads to pathological changes in the body. The first change occurs in the panchabootham level. This is followed by changes in Mukkutram leading to changes in other thathuvams. That is any changes occur in Uyir Thathukkal and Udal Thathukkal and develops various signs and symptoms.

அகக்காரணம்

(Endogenous cause)

Genetic disorders

Hereditary disorders

Poor immunity

Suppressing of reflexes

புறக்காரணம்

(Exogenous cause)

Dietary changes

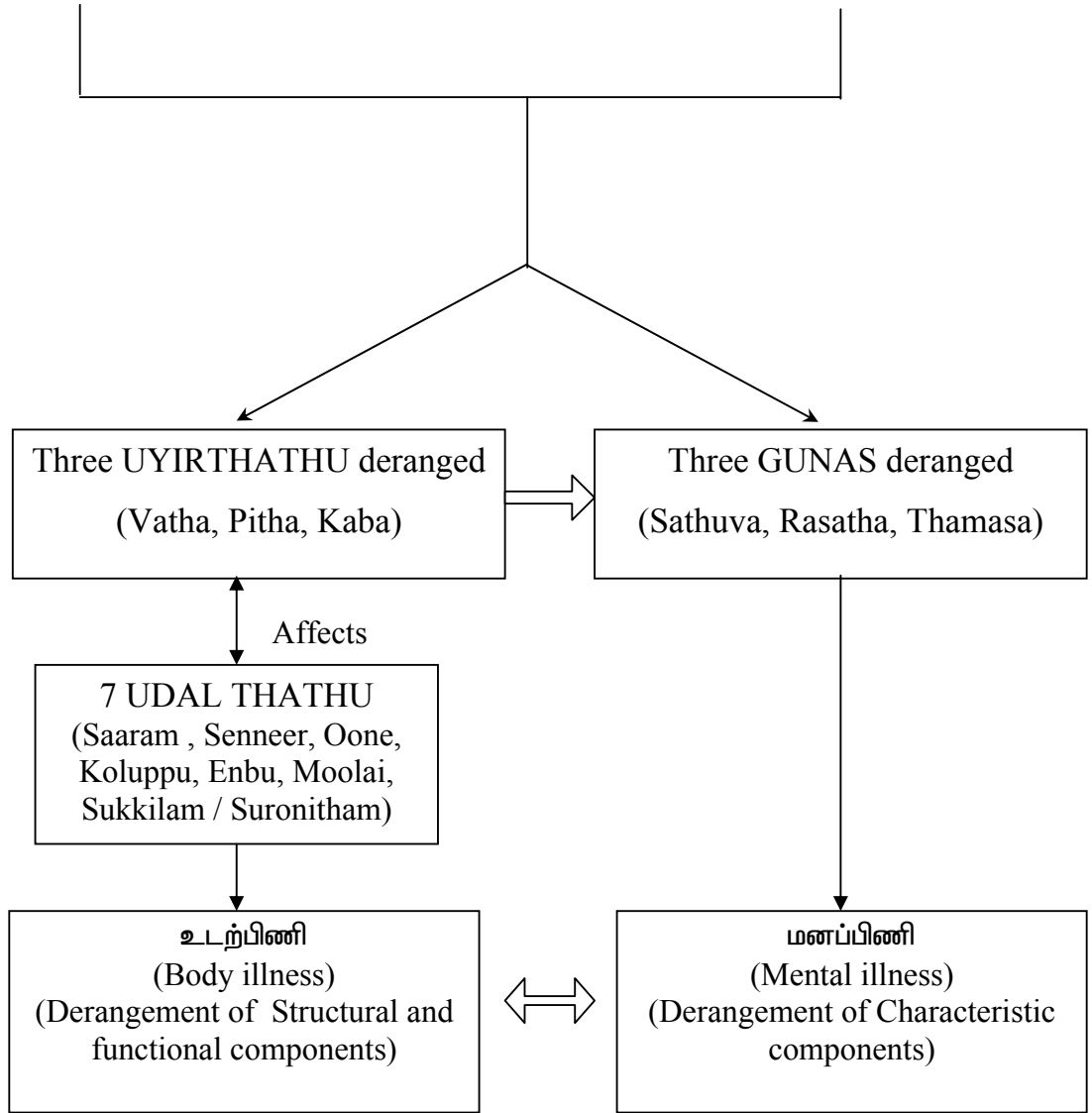
Microorganisms

Seasonal changes

Immoral activities

Environmental changes

Social factors



“Guest and Host” Relationship between 7 Thathus and Dhosas”

- Thathus → Denotes structural components
- Dhosas → Denotes functional components
- Gunās → Denotes characteristic components.

### **Alteration in Uyir Thathukkal:**

#### **1. Vali (Vadham)**

##### **Exaggerated**

- ❖ Darkness of motion.
- ❖ Body pain.
- ❖ Pricking pain.
- ❖ Constipation.
- ❖ Paralysed limbs.
- ❖ Mental distress.

##### **Decreased**

- ❖ Difficulty in work
- ❖ Impairment of intelligence.
- ❖ Giddiness.
- ❖ Increased Kapha Symptoms.

#### **2. Azhal (Pitham)**

##### **Exaggerated**

- ❖ Yellowish discolouration of skin, urine.
- ❖ Increased appetite
- ❖ Increased Thirst
- ❖ Burning Sensation.
- ❖ Decreased Sleep

### **Decreased**

- ❖ Loss of appetite
- ❖ Indigestion
- ❖ Cold

### **3.Iyam (Kabam):**

#### **Exaggerated:**

- ❖ Chills with rigor
- ❖ Pallor
- ❖ Tightness
- ❖ Cough
- ❖ Fullness of Stomach
- ❖ Excessive Sleep
- ❖ Dyspnea

#### **Decreased:**

- ❖ Destruction of joint
- ❖ Giddiness
- ❖ Decreased Kabam in all body fluids
- ❖ Increased sweating
- ❖ Palpitation

### **Alteration in Udal thathukkal**

When the three humours of the human body are affected by various factors they immediately change the nature of the 7 physical constituents, i.e. udal thathukkal.

<b>Udal thathukkal (Physical constituents)</b>	<b>Features of increasing</b>	<b>Features of decreasing</b>
<b>Saaram</b>	Features related with decrease in kabam, loss of appetite	Dryness of skin, loss of weight, tiredness, the functions of sense organs are diminished
<b>Senneer</b>	Boils and tumours in different parts of the body, splenomegaly, soolai (pain), hypertension, haematuria, redness of the eyes, leprosy, jaundice	Desire for cold things, dryness, discolouration and paleness of the skin
<b>Oonn</b>	Tumours or extra growth around the neck, face, abdomen, thigh and genitalia	Lethargy of 5 sensory organs, pain in the joints, loss of subcutaneous fat
<b>Kozhuppu</b>	Identical to increasing features of oonn, tiredness, dyspnea on exertion	Splenomegaly, loin pain, emaciation

<b>Enbu</b>	Excessive ossification and dentition	Weak bone pain in the joints, splitting of hair and nails
<b>Moolai</b>	Sense of heaviness of the body and eyes, swelling of smaller joints of hand and feet, oliguria, non – healing ulcers	Osteoporosis , blurring of vision
<b>Sukkilam/Suronitham</b>	Sexual activity increases, urinary calculi	Pain in the genitalia and accompanied inability to reproduce

### **Alteration In Reflexes (14 Vegangal)**

There are 14 natural reflexes involved in the physiology of normal human beings and if willfully suppressed, the following are resulted.

“முக்கால்மலமது பொல்லாத வாயுமுன்று தும்மல்

சிக்கா மலாறு சலதாரை விட்டு சிறுநடையும்

மைக்காடு கொண்ட விழியாய் மனிதர்க்கு வாய்ப்பதெனில்

எக்காலமும் பிணிவாராத காயம் இரும்பொக்குமே.”

- சித்தமருத்துவாங்க சுருக்கம்



### **1. Vatham (Flatus)**

This urge should not be suppressed. If it is suppressed it leads to chest pain, epigastric pain. Abdominal pain, body ache, constipation, dysuria and indigestion predominates.

### **2. Thummal (Sneezing)**

If arrested it leads to headache, facial pain, low back pain and neuritic pain in the sense organs.

### **3. Siruneer (Urine)**

If arrested it leads to urinary retention, urethral ulcer, joint pain, pain in the penis, gas formation in abdomen.

### **4. Malam (Faeces)**

If arrested it leads to pain in the knee joints, headache, general weakness, flatulence and other diseases may also originate.

### **5. Kottavi (Yawning)**

If arrested it leads to indigestion, leucorrhoea, abdominal disorders and urinary disorders.

### **6. Pasi (Hunger)**

If arrested it leads to the tiredness of all organs, emaciation, syncope, apathetic face and joint pain.

### **7. Neer vetkai (Thirst)**

If arrested it leads to the affection of all organs and pain may supervene.

**8. Kaasam (Cough)**

If it is suppressed severe cough, bad breath and heart diseases will be resulted.

**9. Ilaippu (Exhaustiveness)**

If suppressed it will lead to fainting, urinary disorders and rigor.

**10. Nithirai (Sleep)**

All organs will get rest only during sleep. So it should not be avoided. If disturbed it will lead to headache, pain in the eyes, deafness and slurred speech.

**11. Vaanthi (Vomiting)**

If arrested it leads to itching and symptoms of increased pitham.

**12. Kanneer (Tears)**

If it is suppressed it will lead to sinusitis, headache, eye diseases and chest pain.

**13. Sukkilam (Semen)**

If it is suppressed there will be joint pain, difficulty in urination, fever and chest pain.

**14. Swaasam (Breathing)**

If it is suppressed there will be cough, abdominal discomfort and anorexia.

## ENVAGAI THERVUGAL

In Siddha very precise methods for understanding the disease process before any overt signs of the disease have manifested. By detecting early symptoms of imbalance and disease reaction in the body, one can determine the nature of future bodily reactions. Day – to – day observation of the Enn Vagaithervugal indicates what pathological processes are occurring in the body, which organs are impaired and where dosha and toxins are accumulated. Thus, by checking the body's indicators regularly, pathological symptoms can be detected early and preventative measures taken.

Poriylarithel, Pulanalarithal and Vinathnal are effected through eight types of investigations, which are named as follows, in Noi naadal Noi mudhal naadal as,

“நாடி ஸ்பரிசம் நாநிறம் மொழிவிழி  
மலம் மூத்திரமிவை மருத்துவராயுதம்”

- நோய் நாடல் நோய் முதல் நாடல்

“மெய்க்குறி நிறந்தொனி விழிநாவிருமலம் கைக்குறி”

- தேரையர்

“தொகுக்கலுற்று அட்டவிதப் பரீட்சை தன்னை

துலக்கமுறும் பண்டிதரே தெளிவாகப்

பகுக்கரிய நாடியை நீ பிடித்து பாரு

பகர்கின்ற வார்த்தையைப் பார் நாவைப் பாரு.

வகுக்கரிய தேகமென தொட்டுப்பாரு

வளமான சரீரத்தின் நிறத்தைப்பாரு

சகிக்கரிய மலத்தைப்பாரு சலத்தைப்பாரு

சார்ந்த விழிதனைப்பார்த்து தெளிவாகக்காணே”

*அகத்தியர் வல்லாதி – 600.*

According to siddha aspect they are 8 Parameters of diagnosis.

நாடி	-	Pulse
ஸ்பரிசம்	-	Touch or palpation
நாக்கு	-	Examination of tongue
நிறம்	-	Examination of complexion
மொழி	-	Examination of speech
விழி	-	Examination of eye
மூத்திரம்	-	Examination of Urine
மலம்	-	Examination of stool

## AIM AND OBJECTIVES

The author had selected the disease “**Moothira Kaadha Kirecharam**” for dissertation work because,

This disease is more common in 70% of males above 60 years and 90% of males above 70 years of age in India and all other countries.

The patients are disturbed both functionally and psychologically.

Its generalized occurrence, complications and agony undergone by the patients has made the author choose the disease.

Sir BENJAMIN BRODIE has made his remark regarding the disease,

*“When the hair becomes grey and scanty, when specks of earthy matter begin to be deposited the tunics of the artery and when a white zone is formed at the margin of the cornea, at this same period the prostate gland usually-I might perhaps say invariably-becomes increased in size.”*

### AIM :

To study the disease on the basis of Siddha physiology (Iyarkai thathuvam) and Siddha pathology (Noi-Naadal) emphasizing more importance to Mukkutram, Suvaigal, Panjaboodha theory, Aayul thoda nirnayam, Udal thadhukal and Diagnose the patient on the basis of Ennvagai thervugal and confirm the prognosis of the disease through “Neikuri”

## **OBJECTIVES**

The objectives marked out to aspire the above said words

- ❖ To collect all literary evidences about kirechara disease in detail.
- ❖ To study each and every aspect of the diseases “**Moothira Kaadha Kirecharam**” in the topic of its synonyms of definition ,aetiology, classification ,signs and symptoms, humoral pathogenesis , fate of the disease from various literature in siddha aspect.
- ❖ To concentrate the clinical course of the disease “**Moothira Kaadha Kirecharam**” by observing carefully its aetiology, pathogenesis(Mukkutra Verupadu), clinical features, diagnosis and prognosis in patients.
- ❖ To study in detail about the incidence of the disease with age, sex, occupation, thinai, socio-economic status ,habits and prevalence.
- ❖ To confirm the diagnosis in siddha system with the help of morden parameters.

## ELUCIDATION ABOUT MOOTHIRA KAADHA KIRECHARAM

According to the Literature Dhanvanthri Vaithiyam – Part-II has been described “Moothira Kaadha Kirecharam” has been described as under.

மூத்திரகாத கிரிச்சரம்

“மேவிய உதரந்தானே பொருமிவே தனைகளுண்டாந்  
தாவுமூத் திரமிற்றிற்று சற்றுசற் றாகவீழு  
மோவில்கல் லெரிப்பான் போலுங் குணமுமே வுண்டாமென்னிற்  
காவியங் கண்ணின்மாதே மூத்திரக்காத மென்னே”.

-தன்வந்திரி வைத்தியம்

The Meaning of the words in this poem.

மூத்திரம் -	சிறுநீர், அமுரி, மீடம்	- Urine
காதம் -	*தொலைவு,கள், காவதம், நாற்சதுர துறவு,**கொலை	-Another, near by
கிரிச்சரம் -	**மூத்திரத்தாரை அடைபட்டு மிக்க வருத்தத்தோடு கொஞ்சம் கொஞ்சமாய் மூத்திரத்தை விழ செய்தல்.	
உதரம் -	*கீழ்வயிறு, வயிறு, கருப்பை,**யுத்தம்	-Lower Abdomen
பொருமி -	*துன்பம், அச்சம், பூரிப்பு, பொறாமை, **வயிற்று பொருமல், அழுதல்	- Discomfort

வேதனை -	*அலைத்தல், நோய், வருத்தம், வாதை**வலி, துன்பம்,	- Pain
தாவு -	*பாய்தல், பள்ளம், **உள்ளீடாக, எதிர்ப்பு, வலிமை	- Flowing
இற்று -	*இஃது, சாரியை, முரிந்து, இடையறுதல், நைந்து	-Discontinue Dribbling
சற்று -	*அற்பம், சிறிது, சுலபம், சொற்பம்	-Small amount
கல்லெரிப்பான்	*நீர்சுருக்கு, நீர்அருகல், **கல்லடைப்பு,	-Calculi

\* denotes Madurai Tamil Peragaradhi

\*\* denotes T.V.Sambasivam pillai agarathi

\*\*\* denotes Lexicon

➤ மேவிய உதரந்தானே பொருமிவே தனைகளுண்டாந்...

அடிவயிறு தனில் வேதனை

- Lower abdominal discomfort and pain due to distended bladder

➤ தாவு முத்திரமிற்றிற்று...

பாயக்கூடிய சிறுநீரானது போய் கொண்டிருக்கும் போதே நடுவே தடைபடல்.

- Discontinue in flowing of Urine.
- Straining while urination.
- Difficulty in starting urination.
- Weak stream of urine.
- Stopping and starting while urination.



➤ சற்று சற்றாக வீழும்

கொஞ்சம் கொஞ்சமாக அடிக்கடி நீரானது இழியும்.

- Frequency of micturition
- Dribbling of Urine
- Urgent need to urinate

➤ கல்லெரிப்பான் போலுங் குணமுமே வண்டாம்

கல்லடைப்பு நோயில் காணக்கூடிய குறிகுணங்களை ஒத்த குணங்களும் இந்நோயில் உண்டாகும்.

Symptoms which resembles in Renal calculi these are

- Burning micturition
- Dysuria
- Haematuria
- Urinary Tract infection.

The poem clearly depicts

- ❖ Lower abdominal discomfort and pain.
- ❖ Discontinue in urination
- ❖ Difficulty in starting urination
- ❖ Weak stream of urine
- ❖ Frequency of micturition
- ❖ Dribbling of urine
- ❖ Urgent need to urinate
- ❖ Burning micturition
- ❖ Dysuria
- ❖ Haematuria
- ❖ Urinary tract infection

} Resembles like  
Renal Calculi

### கிரிச்சரம்

இழிய கூடிய நீரானது இயல்பாக இன்றி தன்னளவில் மிக குறைந்து செல்வதோடல்லாமல் அடிக்கடிக்கு இழியும்.

Normal voiding of urine is affects due to any obstruction in External and Internal factors. It causes decreased urination and frequency of urine.

### காதம் - தொலைவு

சிறுநீர் இழிவதில் மாற்றம் ஏற்படினும் நோய்க்கு காரணம் சிறுநீர் கழிவு உறுப்புகளின் தொழிலில் எவ்வித மாற்றமும் இல்லை.

ஆனந்த மய கோசத்தில் அடங்கும் இன உறுப்புகளின் துணை உறுப்பாகிய புரஸ்தகோளம் எனும் சுரப்பியில் ஏற்படும் வளர்ச்சியும் தன்னியல்பு மாற்றமுமே நோய் உருவாக்குவதற்கு நிலையான காரணமாகும்.

Genetic causes reflect the signs and symptoms in urinary system.

Pathology is not in urinary system.

### மேவிய உதரந்தானே பொருமி வேதனையுண்டாம்

அடிவயற்றில் கனமான உணர்ச்சியும், வேதனையையும் உண்டாக்க செய்யும்.

Discomfort presence in lower abdomen due to painful distended

Renal Bladder. After urination. Patients not satisfying in their voiding.

### தாவு மூத்திரம் . தாவும் தன்மையுள்ள மூத்திரம் (சிறுநீர்)

இயல்பாக நீர்ந்தாரையில் உள்ளீடாக பாயக்கூடிய நீரானது...

Normal flowing of Urine.

**இற்று இற்று ...**

தன்னியல்பு குறைந்து தடைபட்டு தடைபட்டு சிக்கி நின்று  
துளிதுளியாய் விழும்.

மேலும், சிறுநீர் போய் கொண்டிருக்கும் போதே நடுவே தடைபடல், சிறுநீர்  
போவதற்கு சிரமப்படல்.

Discontinue in urination

Dribbling of urination

Difficulty to start urination.

**சற்று சற்றாக வீழும்.**

குறைந்த அளவில் அடிக்கடி செல்லல். சிறுநீரை சிறிது நேரம் கூட  
அடக்கி வைக்க முடியாமை. சிறுநீரை முழுவதுமாக கழிக்க முடியாமல்  
சிறுநீர்ப்பையிலே தங்கிவிடல்.

Frequency of micturition

Urgent need to urinate

Not able to control the micturition

Retention of urine

Not able to completely emptying of the bladder.

**கல்லெரிப்பான் போலுங் குணமுமேவுண்டாம்**

கல்லடைப்பு நோயில் இயல்பாக காணக்கூடிய சிறுநீர் எரிச்சல்,  
வலி, வேதனை, சிறுநீரில் இரத்தம் கலந்து விழல், நுண்ணுயிர் தாக்கம்  
போன்ற மற்ற குறிகுணங்களும் காணும்.

Burning micturition

Dysuria

Haematuria

Urinary Tract infection

} Common symptoms Renal Calculi  
and other calculi

## REVIEW OF LITERATURES

Excretion is the process by which substances, mostly waste products are removed from the body. The organs involved in excretion are the kidneys, lungs, skin and also liver, gastrointestinal tract and salivary glands.

The urinary system plays an important role in excreting the urine. Since, urinary system comprises of diseases due to both intra and extra renal involvement, the study of genitourinary system plays a vital role.

In siddha system urinary diseases are classified as,

- Neer Arugal Noi
- Neer Perugal Noi

“நீரிரு வினைக் குணத்தை  
நீயறி விரித்துச் சொல்வாம்  
நீரினைப் பெருக்கலொன்றே  
நீரினையருக்க லொன்றே  
நீரிழி வுடனே கொல்லும்  
நீர்க்கட்டு வினைகளொன்று”

- தேரன் கரிசல்

### i) Neer Arugal Noi :

The diseases related, when the quantity of Urine is suspended for any cause.

### ii) Neer Perugal Noi :

The diseases related when the quantity of Urine is alone the normally excreted level due to any cause.

Among these, the “Kirechara disease” is under the classification of Neer Arugal Noi.

Regarding Moothira kirecharam, the nature of disease, (Iyalbu) Noi varum vazhi (Etiology) and Noi Vagaipadu (classification) has been described in various texts.

But Moothira kaadha kirecharam has been explained only in Dhanvanthri Vaithiyam Part II

1. Theraiyar karisal
2. Theraiyar venba
3. Pararasa sekaram
4. Anubava Vaidhiya Deva Ragasiyam
5. Yugi vaithiya sinthamani
6. Mega Noi, Soothga Noi and Arivaiyar Sinthamani
7. Jeeva Rakshamirtham
8. Sikitcha Rathna Theebam
9. Roga nirnaya saram
10. Madhava Nidhanam
11. Saraga Samhitha

**Synonyms: (veru peyar)**

- ❖ Neer churuku,
- ❖ Neer Kaduppu.
- ❖ Neer kattu

## Definition : (Iyalbu)

### According to Theraiyar Karisal

நீரினையருக்கல் என்னும்  
நீர்க்கட்டின் குணத்தைக் கேட்டி  
நீதமில்லாமற் கோச  
நீர்ப்புழை நெருப்புப் போலாம்  
நீபனா யுதத்தாற்பட்ட  
நீல வம்பரமாங்குக்கி” ...

Obstruction of the urethral passage, causing retention of urine or discharge by other unusual ways, urine dribbling out after micturition. There is also frequently sudden stoppage of the stream of urine owing to the contraction of urethra.

### According to Theraiyar vagadam

“முத்திரக் கிரிச்சிக் குணங்கேளீர்  
முடுகுந் துளியாய் விழும்  
ஆற்றித் தூரம் நடக்கவொட்டா  
தறுவை மருந்தா லற்றுவிடும்  
தூற்றி விளைவாய் விளைந்திருந்தால்  
துடையால் கடுகி விழுமென்று  
மாற்றி மறுக்க வகை காண  
மனுவோர்க் கெல்லா முரைப்பீரே”

- தேரையர் வாகடம்

The disease is characterized by

- Dribbling of urine
- Burning micturition
- Dysuria
- Unable to walk even for a short distance.

According to **Pararasa sekaram...**

“சிறுநீ ரெரிந்து துளிதுளியாய்ச்  
சேரு நிறமு மஞ்சள்காய்  
உறுமே சிவட்பாய் வெள்ளையுமாயுவாதி  
மிகுந்து கடுத்து நொந்து  
பெறுமே யன்றிப் புண்ணாகும்  
பின்னு மபானங் கடுத்துளையும்.  
செறுமே பொருமுங் கீழ் வயிறு  
தேகமெலியுங் கிரிச்சரமே”

- பரராச சேகரம்

The disease is characterized by

- Voiding small amount of urine
- Dribbling of urine,
- Yellow coloration of urine
- Haematuria
- Dysuria
- Burning micturition,
- Lower abdominal pain and discomfort.

According to **Anubava Vaidhiya Deva Ragasiyam.**

கிரிச்சரம் என்பது வருத்தத்துடன் கொஞ்சம் கொஞ்சமாக  
மூத்திரத்தை விழசெய்வது

- அனுபவ வைத்திய தேவரகசியம்.

Kirecharam is refers to dribbling of urine accompanied with pain

## Noi varum vazhi: (Etiology)

“அதிக உட்டிண்பதார்த்த மசீரண பதார்த்தத்தாலும்  
அதிக சம் போகத்தாலு மதுபான மடுக்கலாலும்  
அதிகன மானவஸ்து உண்டியிலடுக்கலாலும்  
அதிகமுத்திர தன்னிற் கிரிச்சன மடுக்கமென்னே.”

*-தன்வந்திரி வைத்தியம்*

- ❖ Intake of hot and spicy food.
- ❖ Indigested food.
- ❖ Alcoholism.
- ❖ Excess intake of high calorie food.

## Accroding to Yugi vaithiya sinthamani

கருதியே மாப்பண்டங் கதித்து உண்ணல்  
காலங்கள் மாறியே மிகப்பொ சித்தல்  
பருதியே பகல்தனிலே ஸ்திரிசங் சித்தல்  
பகல்தனிலே பால்கொள்ளல் பகல் உறங்கல்  
நிருதியே நிசிதன்னிற் சயனஞ் செய்தல்  
நிந்தையாம் லாகிரிகள் நிரம்பவுண்ணல்  
வருதியே அக்கினியில் சஞ்சரிப்போர்  
மகத்தான கிரீச்சரத்தில் மருவு வாரே”

*-யுகி வைத்திய சிந்தாமணி*

- ❖ Intake of carbohydrate rich diet
- ❖ Taking food in untimely
- ❖ Daytime sexual indulgence



- ❖ Daytime sleeping
- ❖ Intake of excess narcotics
- ❖ Exposure to high temperature

According to **Mega Noi, Soothaga Noi and Arivaiyar Sinthamani**

“மாறான கிரிச்சனம் தான் நாலதாகும்  
 வருகின்ற விதமதுதான் சொல்ல கேளு  
 வேறாக மாப்பண்டம் அதிகம் தின்றால்  
 விரைவாக உற்பனத்தின் செய்கையாலும்  
 கூறாக காலம் மாறி உண்டால்  
 கொடு பகலில் சம்போகம் செய்வதாலும்  
 வேறாக பாதி பகல் தனக்கு மேலே  
 வெறும் ஆவின் பால் உண்ணும் தன்மையாலும்”

“தன்மையுடனே பகல் உறங்கும் பேர்க்கும்  
 தப்பாமல் கள்ளு மிக குடிக்கும் பேர்க்கும்  
 மோனமுறவே தீ வெக்கை தினமும் கொண்டால்  
 முன்பகலின் சூடேக்க வெயிலு காய்ந்து  
 ஊனமுற சம்போகம் அழுந்திச் செய்தால்  
 உறவாக வேசியோரிடின்பம் கொள்ளல்  
 ஏனமுற இந்த வகை விதத்தினாலே  
 எழும் மூத்திர கிரிச்சனம் என்று சொல்லே.”

- **மேகநோய், சூதகநோய் மற்றும்**

**அரிவையர் சிந்தாமணி**

- ❖ Intake of carbohydrate rich diet
- ❖ Taking food in untimely
- ❖ Noontime sexual indulgence
- ❖ Daytime sleeping
- ❖ Intake of excess toddy
- ❖ Exposure to high temperature
- ❖ Intake of hot and spicy food
- ❖ Exposure to fournoon sunlight
- ❖ Abnormal sexual activity
- ❖ Extramarital sex affair

According to **Jeeva Rakshamirtham**

- ❖ Taking food in untimely
- ❖ Taking sleep in untimely
- ❖ Excess indulgence in sexual activity.
- ❖ Daytime sexual activity
- ❖ Exposure to sunlight
- ❖ Exposure to high temperature
- ❖ Taking narcotics

According to **Saraha Samhitha**

- ❖ Excessive job stress
- ❖ Taking very efficacious medicines
- ❖ Intake of toddy

- ❖ Fast running
- ❖ Taking excess non – vegetarian diet
- ❖ Taking undigested food

In Dhanvanthiri vaidhiyam Moothira kirecharam is classified into 10 types.

“அடுத்திடும் வாதபித்த மருங்கபஞ் சந்நிவாதந்  
தொடுத்தமுத் திரக்கிரந்தி சுக்கிலக்கிரிசங் காதம்  
அடுத்த சக்கரமே வாதகுண்டலி வாதவத்தி  
எடுத்திடுங் கிரிச்சனத்தின் பெயரிவை யீரைந்தாமே”

- தன்வந்திரி வைத்தியம்

1. Vaadha kirecharam
2. Pitha kirecharam
3. Kaba kirecharam
4. Sanni vaadha kirecharam
5. Moothira kirandhi kirecharam
6. Sukila kirecharam
7. **Moothira kaadha kirecharam**
8. Sakkara kirecharam
9. Vaadha kundali kirecharam
10. Vaadha vathi kirecharam

In Siddha system various types of Moothira kirecharam are described in various text books

## I. According to Yugi vaithiya Chindhamani 800

“தெரியவே கிரிச்சரத்தின் செயலைத் தானுஞ்

செப்பவே நாலுவகைச் சீருமாகும்

உரியவே வாத மூத்தி ரக்கி ரிச்சரம்

உகப்பான பித்த மூத்தி ரக்கி ரிச்சரம்

பரியவே சிலேத்தும மூத்தி ரக்கி ரிச்சரம்

பாங்கான மேகமூத்தி ரக்கி ரிச்சரம்

நரியவே கிரீச்சரந் தானால தாகும்

நாட்டமாய் உற்பத்தி விலக்கி கேளு”

- யுகி வைத்திய சிந்தாமணி 800

1. Vaadha kirecharam

2. Pitha kirecharam

3. Kaba kirecharam

4. Mega kirecharam

## II. According to Para Rasa Sekaram

“உற்றே தோன்றுங் கிரிச்சிந்தா நுரைத்தார் நாலு வகையாகச்

சொந்த வாத பித்தகபந் தொந்த மென்பரவைநாலும்”

- பரராச சேகரம்

1. Vaadha kirecharam

2. Pitha kirecharam

3. Kaba kirecharam

4. Thirithoda kirecharam

### III. According to **Mega noi, Soothaga noi and Arivaiyar Sindhamani**

“சொல்லுவேன் கிரிச்சனம் தான் நாளாதிரகும்

சொந்தமுறும் வாத கிரிச்சனம் தான் ஒன்று

வெல்லும் பித்த கிரிச்சனம் சேர்ப்ப கிரிச்சனம்

வீறான மேகத்தின் கிரிச்சனம் தான்

மெல்லவே இவை நாலு கிரிச்சனங்கள்

மேலான சுத்த முனியோர்கள் சொன்னார்கள்

தெல்லுகில் உள்ளவர்க்கு தெளிவாக

கொடுத்திட்டேன் முன்னால் முறையை ஆய்ந்தே.”

1. Vaadha kirecharam

2. Pitha kirecharam

3. Kaba kirecharam

4. Mega kirecharam

### IV. According to **Anuboga Vaithiya Deva Ragasiyam**

1. Vadha moothira kirecharam

2. Pitha moothira kirecharam

3. Kaba moothira kirecharam

4. Thiri thoda moothira kirecharam

### V. According to **Jeeva Rakshamirdham**

1. Vaadha kirechara rogam

2. Pitha kirechara rogam

3. Kaba kirechara rogam

4. Thiri thoda kirechara rogam

**VI. According to Sikitcha Rathna Theebam**

1. Vaadha kirechara rogam
2. Pitha kirechara rogam
3. Kaba kirechara rogam
4. Thiri thoda kirechara rogam

**VII . In Roga nirnaya saram**

1. Vaadha kirechara noi
2. Pitha kirechara noi
3. Kaba kirechara noi
4. Mukkutra kirechara noi

**VIII. According to Madhava Nidhanam**

1. Vadha Moothira Kirecharam
2. Pitha Moothira Kirecharam
3. Kaba Moothira Kirecharam
4. Sannipatha Moothira Kirecharam
5. Koothaja Moothira Kirecharam
6. Pureeshaja Moothira Kirecharam
7. Acharisha Moothira Kirecharam
8. Sukkaraja Moothira Kirecharam

## **XI. According to Saraga Samhitha**

- |   |   |  |
|---|---|--|
| 1 | வாத தோடத்தினால் ஏற்படக்கூடியது                  | - Due to Vadham                          |
| 2 | பித்த தோடத்தினால் ஏற்படக்கூடியது                | - Due to Pitham                          |
| 3 | கப தோடத்தினால் ஏற்படக்கூடியது                   | - Due to Kabam                           |
| 4 | மூன்று தோடத்தினால் ஏற்படக்கூடியது               | - Due to Mukkutram                       |
| 5 | கல் அடைப்பினால் ஏற்படக்கூடியது                  | - Due to Calculi                         |
| 6 | மணல் போன்ற உப்புகள் சேருவதால்<br>ஏற்படக்கூடியது | - Due to Deposition<br>of salt material  |
| 7 | விந்து கட்டி தடைப்படுவதால் ஏற்படக்கூடியது       | - Due to Deposition<br>of clotted semen  |
| 8 | இரத்தம் உறைந்து கட்டுவதால்<br>ஏற்படக்கூடியது    | - Due to Deposition<br>of clotted blood. |

## **DETAILED VIEW OF DISSERTATION TOPIC**

➤ மேவிய உதரந்தானே பொருமி வேதனையுண்டாம்

- Discomfort and pain in lower abdominal area due to irritation in urinary bladder by retention of urine. It brings a feeling of heaviness and fullness of rectum.

➤ தாவுமுத்திரமிற்றிற்று

- Discontinuity in urination
- Dribbling of urine

Patient notices that he must wait patiently for urination to start.

It is useless to strain. Due to decompensation of bladder muscle develops with involuntary dribbling of urine as an overflow bladder.

- Stream is variable

Weak / tending stop and start / dribbles towards the end of micturition.

➤ சற்று சற்றாக வீழும்.

- Frequency of micturition

It is earliest symptom. Due to vesical intro-version of the prostate. the frequency becomes progressive, and then present both by night and by day.



But they void only small amount of urine. So, they feel incomplete in emptying . It leads to the desire of voiding the urine within 15 minutes to 30 minutes.

- Urgency of urination

It is due to, when the vesical sphincter becomes stretched, a little urine escapes into the normally empty prostatic urethra, causing an intense reflex desire to void.

Residual urine increases – it leads to frequency which becomes more and more evident, and there is terminal dribbling.

➤ கல்லெரிப்பான் போலுங் குணமுமேவுண்டாம்

- Haematuria.

A drop of blood at the beginning or end of micturition is not usual due to ruptured prostatic vein or from an erosion on enlarged prostate itself.

- Dysuria

- Burning micturition - due to irritation and obstruction in Bladder and Urethra.

- Urinary tract infection

It is a less frequent feature.

The body is framed up of the fragments of the basic five elements, where the three humours form the base of the development and attains its form through the seven udal thathus.

Due to irregular food habits and behavioral changes are produced in the three humours which in turn create a change in the seven udal thathus, resulting in the sprouting up of diseases in the body.

The three humours maintain the upkeep of the body through their combined functioning. When deranged, they bring about diseases peculiar to their influence; when in equilibrium freedom from disease; and when one or the other of the humours combine in such a way as to get deranged by aggravation, diminution etc., disease or death may be result.

In scientific parlance, azhal comprehends the functions of thermogenesis, excretion, and secretion etc., Iyam comprehends the functions of the regulation of heat and the formation of the various preservative glands.

With this concept in mind, the origin of the kirechara disease is explained..

“அதிக உட்டிணபதார்த்த மசீரண பதார்த்தத்தாலும்

அதிக சம் போகத்தாலு மதுபான மடுக்கலாலும்

அதிகன மானவஸ்து உண்டியிலடுக்கலாலும்

அதிகமுத்திர தன்னிற் கிரிச்சன மடுக்கமென்னே.”

- தன்வந்திரி வைத்தியம்

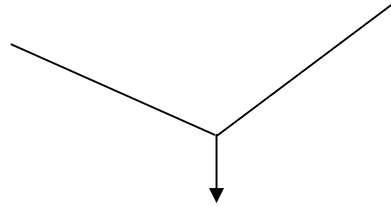
**Irregular food habits**

**Irregular Behaviors**

↓  
Intake spicy food  
Undigested food

↓  
Excessive indulgence in sexual activity  
Excessive intake of alcohol

Intake of high caloric food



**Azhal Increased**

**Iyam Increased**

**Kirechara Noi**

**Prevalence of age group:**

**ஆயுள் தோட நிர்ணயம்**

**(Aayul thoda nirnayam)**

தானவனு மதைத்தபடி வயதுநாறு

சகலருக்கு மிளமையிலே சிலேத்தும மாகும்

ஆனநடு வயதுபித்த மப்பால் வாதம்

ஆறஞ்ச மூவாண்டு மாதம் நான்கு

.....

- சதக நாடி

“அய்யமுப் பத்துமுன்று வருசமொன் றதிகநாலு  
செய்யத்திங் களுமாய் பித்தஞ் செய்திய படியே சீராய்  
உய்யவே வாதம் வந்த படியுறு வயது நூறாய்த்  
தையலே வாகடத்தின் சாத்திரப் படிகள் தானே”

- அகத்தயர் 2000 (22)

The poem verses

The total human life span is 100, it is equally divided

Young Age - Kaba period – 33 years + 4 months

Middle Age - Pitha period – 33 years +4 months

Old Age - Vadha Period – 33 years + 4 months

99years + 12 months = 100 years

## ALTERATION IN MUKKUTRAM

### Azhal Increased

#### Pasagam

- ❖ Poor digestion and absorption of food.

#### Sathagam

- ❖ Not able to emptying the bladder
- ❖ Not able to control the urine.
- ❖ Poor Concentration

#### Alosagam

- ❖ Disturbance in vision due to cataract formation and presbyopia.
- ❖ Reduced vision due to cataract / pterygium/presbyopia

**Prasagam**

- ❖ Wrinkles of skin
- ❖ Dryness of skin.
- ❖ Decreased complexion.

**Iyam Increased****Avalambagam**

- ❖ Patient feels dyspnoea while walking.

**Kilethagam**

- ❖ Poor digestion and absorption of food.

**Pothagam**

- ❖ Reduced taste sensation.

**Tharpagam**

Burning Sensation in eye

**Santhigam**

- ❖ Joint pain and swelling due to degeneration.

**Vali Decreased****Pranan**

- ❖ Patient feels dyspnoea while walking.
- ❖ Indigestion and mal absorption of food

**Abanan**

Due to obstruction on neck of the urinary bladder and upper part of the urethra .It leads to disturbance in flowing of urine.

- ❖ Increased frequency of micturition
- ❖ Passing only small amount of urine
- ❖ Dribbling of urine
- ❖ Stasis of urine

### **Viyanan**

- ❖ Lower abdominal pain due to distended bladder
- ❖ Heaviness and fullness of rectum
- ❖ Painful and burning micturition

### **Samanan**

- ❖ Poor digestion and mal absorption

### **Koorman**

- ❖ Reduced vision due to cataract / pterygium/presbyopia
- ❖ Weakness due to increased frequency of micturition.

### **Kirukaran**

- ❖ Deposition of maa → Decreased taste sensation
- ❖ Decreased secretion of salivary gland → Loss of appetite  
Improper digestion.

### **Devathathan**

- ❖ Tiredness
- ❖ Weakness
- ❖ Irritable
- ❖ Disturbance in sleep due to increased frequency of micturition.

## **Alteration in Udal Thathukkal**

### **Saaram**

- ❖ Stress
- ❖ Weakness

### **Senneer**

- ❖ Not able to completely emptying the bladder
- ❖ Weak stream of urine.
- ❖ Disturbance in vision due to cataract /Pterygium/ presbyopia
- ❖ Hormonal level is changed in Senneer.

### **Oonn**

- ❖ Urinary bladder function is affected due to hypertrophy of prostate gland it leads to obstruction of upper part of urethra

### **Kozhuppu**

- ❖ Not able to control the urine not able to completely empty of bladder.

### **Enbu**

- ❖ Joint Pain, Hair fall

### **Moolai**

- ❖ Joint Pain, restricted movement

### **Sukilam**

- ❖ Loss of libido.
- ❖ Decreased sexual desire.

## **Alteration in Ennvagai Thervugal**

### **Naadi**

- ❖ Azhal Iyam

### **Sparism**

- ❖ Tenderness present in supra pubic region( lower abdominal area)

Dryness of skin

### **Naa**

- ❖ Deposition of maa
- ❖ Decreased taste sensation

### **Niram**

Maaniram/white/black patches present.

### **Mozhi**

- ❖ Reduced of voice (Thazhndha Oli)/sama oli

### **Vizhi**

- ❖ Reduced vision due to cataract / pterygium / presbyopia
- ❖ Increased Lacrimal secretion
- ❖ Burning Sensation in eye

### **Malam**

- ❖ Alteration of bowel habits constipation/loose motion

Niram - Yellowish Brown

Thamai - Irugal / Ilagal

Alavu - Decreased - Constipation



## **Moothiram**

❖ Increased frequency of urination

❖ Dribbling of urine

Niram - Yellow (+/++/+++) (Mild/Modarate/severe)

Manam - Aromatic / foul smell while UTI

Nurai - +/++/+++ (Mild/Modarate/Severe)

Enjal - Decreased (400-900ml)

Edai - Normal / increased in turbid urine while UTI

## **Manikadai nool:**

9 ¼ விரற்கடை அளவு

“தீட்டிய ஒன்பதுகால் உகந்து திண்ணமாம்

ஈட்டில் சிறுக நீரித்து சூழ்ந்திடும்

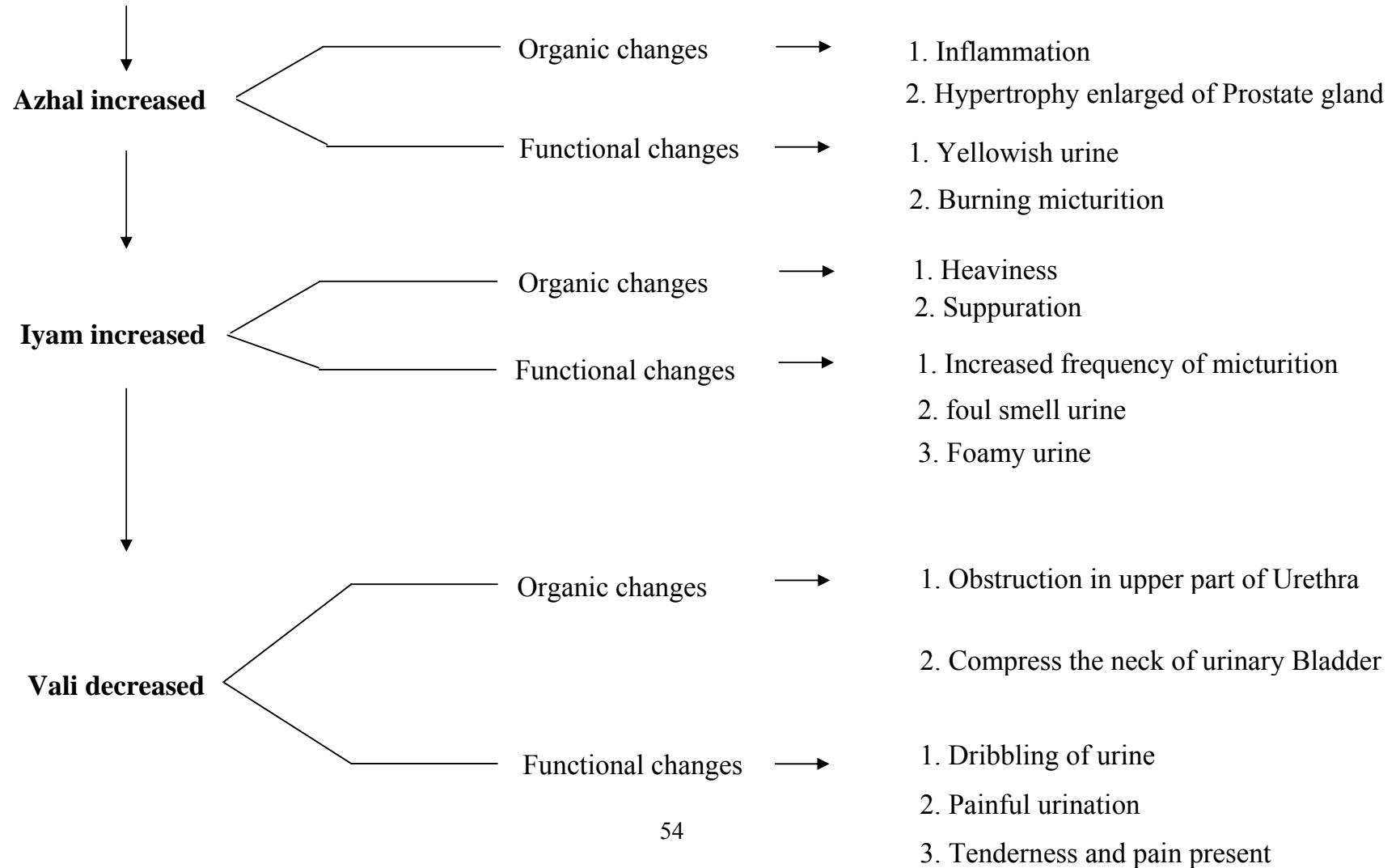
சூட்டில் கண்விழித் துயிலு மில்லையே

வாட்டிய பீனிசம் வந்து தோன்றுமே”

- பதார்த்த சிந்தாமணி நாடி நூல்

## Pathogenesis in siddha system

### Dietary and behavioural Habits



## Prognosis

“முன்னோர்க ளுரைத்தார்கள் மானி டர்க்கு

மொழிந்த வயது நூறென்று

இன்னமுன்னு பங்காகவிய

மிளமை சிலேற்பனமே

வன்னநடுவிற் பித்த மதா

மப்பால் வாதமதுவாகும்

பொன்னே இந்தக் காலத்தில்

அற்றைய ரோகம் பொல்லதே”

- இரத்தினச் சுருக்க நாடி

Due to irregular food habits, and behavioral habits the Azhal Kutram is increased hence the protective function is disturbed of metabolic changes are produced .

Azhal comprehends the functions of thermogenesis, excretion and secretion etc., In the middle age period (Pitha kaalam) the prostate gland which is under the control of pitham undergoes physiological and pathological changes. Iyam comprehends the functions of the regulation of heat and the formation of the various preservative gland. Thus, when the Iyam fails in its function, the testosterone level decreases and the oestrogen level increases. Hence, changes are manifested in the normal prostate gland leading to the hypertrophy of the gland. In the chronic

stage, the changes are reflected in the later part of the pitha kaalam (above 55-65 year) and in the vadha kaalam (above 66).

To maintain the proportion, the kabam also increases and heaviness of the prostate gland occurs. So the increase in the pitham and kabam occurs, reflected in the vadha kaalam makes the pathology of this disease. “Saathiyam” (able to cure)

If not, when the vadham also increases in its degree, the disease becomes Asaathiyam (Not able to cure). But an earlier diagnosis makes the disease curable, because when the respective kutram of the same period increase it comes under ‘Asaathiya Rogam’ie., Malignancy of prostate gland.

In asaathiyam. If the treatment is taken earlier it will turn to saathiyam. If not, it leads to Maranakuri (death) that is malignancy of prostate gland.

## **THEORITICAL VIEW OF DISSERTATION TOPIC**

### **Anatomy of Prostate Gland**

The prostate gland is para-genital organ in male. It is mainly consisting of a fibro muscular glandular part and stroma.

<b>Shape</b>	-	Pyramid
<b>Size</b>	-	4 cm – base 3 cm – Vertical 2 cm – Thickness
<b>Average weight</b>		20gms in a normal 21-30 years oldman.

### **Location:**

It lies on the pelvic musculofascial floor, below the neck of urinary bladder.

The prostate is separated posteriorly from the rectum by the anterior layer of Denonvillier fascia.

It is fixed anteriorly to pubic bone with the pubo-prostatic ligaments, being held in the dorsal venous plexus between these structures.

The gland has **i) Base**

**ii) Apex**

**iii) 4 Surfaces** - Anterior surface  
Posterior surface  
2- infero-lateral surfaces

**iv) Lobes** - Anterior lobe  
Posterior lobe  
Lateral lobe  
Median lobe

**Anterior Lobe :**

The anterior lobe is situated anterior to the prostatic Urethra. It contains no glandular tissue. Hence, glandular swellings rarely (adenoma) develop.

**Posterior Lobe :**

This lobe is situated posterior to the prostatic urethra below the median lobe. This lobe also has no glands. So an adenoma develops here.

**Lateral Lobes :**

A pair of lobes situated to the urethra. This lobe has plenty of glandular tissue. Hence, adenoma usually develops here.

**Median lobe :**

This is situated posterior to the urethra, but above the ejaculatory duct. This lobe contains plenty of glandular tissue, like sub trigonal glands and sub cervical glands. This lobe is related to the neck of the bladder.

This is an important relationship, it makes an elevation into the urinary bladder and internal urethral opening. This elevation is called uvula vesicae.

Median lobe is capable of developing large adenoma and grows upwards and obstructs the internal urethral opening. This causes **dysuria**.

**Capsule of the prostate:**

There are two types of capsules of the prostate gland.

- I. True capsule
- II. False capsule

**True capsule:**

It is the condensation of fascia on the periphery of gland. During surgical removal of prostate adenoma, the tumour is shelled out of this capsule.

**False capsule:**

It is formed from the pelvic fascia. It is a common sheath covering the bladder and prostate. Between the two capsules a plexus of veins is situated.

**Denonviller's fascia:**

This is called recto vesical septum. It extends from recto vesical pouch to perineal body. Within this fascia a space is present. This space is called Denonviller's space.

**Structure of the Prostate Gland:-**

The prostate is a fibromusculo glandular organ. The gland is surrounded immediately by a fibro elastic capsule,

Enormous number of trabeculae arises from the capsule and inward the glandular substance. The glandular tissue is arranged into three zones namely,

- I. Mucous glands.
- II. Sub Mucous glands.
- III. Main glands.

**Mucous Glands:**

They encircle the prostatic urethra on all sides.

**Sub Mucous Glands:-**

These glands are situated peripheral to mucous glands.

**Main Glands:**

They are situated around the outer aspect of sub mucous gland. The glandular substance in the form of secretory alveoli. The alveoli are lined by simple columnar epithelium. The epithelium lining is thrown into poles. The ducts are lined by simple columnar epithelium. As age advances the acini's may develop corpora amylata formed from the secretion of prostate. They may develop into calculi.

**Blood Supply:****Artery**

- Internal pudendal artery
- Inferior vesical artery
- Middle rectal artery

**Vein**

- Prostatic venous plexus
- Pudental plexus
- Vesicle plexus
- Internal iliac vein.

**Lymphatic Drainage:**

The lymphatic vessels from the prostate gland drain into internal iliac lymph nodes.



**Nerve supply:**

It has dual autonomic innervations from both sympathetic and parasympathetic nerves in the prostate nerve plexus.

- Sympathetic divisions - Hypogastric presacral Nerves  
(T<sub>10</sub> – L<sub>2</sub>)



It controls the Prostatic musculature

- Para sympathetic - Sacral segments (S2 – S4) Nerves  
division



Secretory function

**Embryology:**

The gland develops from the endodermal buds and from the adjacent portion of urogenital sinus at the 3<sup>rd</sup> month of intra-uterine life, under the influence of 5-alpha dihydrate steroids.

**Stages of Growth:****➤ At birth:**

Small in Size.

Made up of mainly stroma.

**➤ During 6 weeks after birth:**

Undergoes hyperplasia squamous metaplasia, under stimulation of maternal oestrogen.

**➤ At 9 years:**

The gland slowly increases in size.

➤ **At puberty:**

The male hormones bring about rapid changes in the gland in about one year. It becomes double its prepubertal size due to rapid growth of follicles.

➤ **20-30 years:**

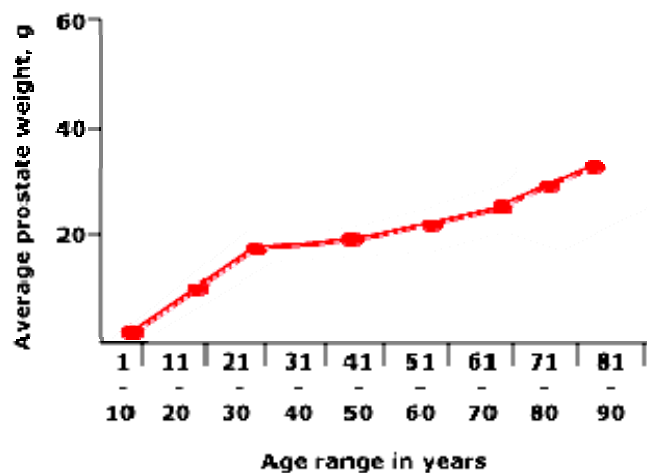
Marked proliferation of glandular tissue element with enfolding of the glandular epithelium into the lumen of the follicles, making them irregular.

➤ **30-45 years:**

Prostate remains constant, and involution starts.

➤ **Between 45 and 50 years:**

Slow proliferation of periurethral fibromuscular stroma glandular tissue, the so called **benign prostatic hypertrophy**.



➤ **Histology:**

Prostate Gland is divided into 3 parts

- ❖ Peripheral Zone - 70% of the Glandular Part.
- ❖ Central Zone – 25% of the Glandular prostate
- ❖ Transitional Zone – 5% of the Glandular prostate.

## **Physiology of Prostate Gland :**

Prostate gland secretes thin, milky and alkaline fluid. It forms 30% of total semen.

### **Composition of Prostatic fluid:**

It consists of sodium, calcium, Zinc, Citrate, cholesterol, phospholipids, acid phosphatase, spermine fibrinolysin and clotting enzymes.

### **Functions of Prostatic fluid:**

#### **1. Maintenance of optimum pH for fertilization:**

- ❖ The prostatic fluid provides optimum pH for the motility of sperms. Due to the metabolic end products from sperm the fluid from vas deferens is acidic in nature. This inhibits the motility of sperms.
- ❖ The vaginal secretions in females are highly acidic with a pH of 3.5 to 4.0.
- ❖ This also inhibits the motility of sperms. Generally, the sperms are non-motile at a pH less than 6.0.

The prostatic secretion neutralizes the acidity of vaginal secretions and maintains a pH of 6.0 to 6.5. At this pH the sperm become motile and the chances of fertilization are enhanced.

#### **2. Clotting of Semen:**

The clotting enzymes in prostatic secretion cause conversion of fibrinogen (from seminal vesicles) into coagulum. It is essential for holding the sperms in uterine cervix.

### **3. Lysis of Coagulum:**

The coagulum is dissolved by fibrinolysin of the prostatic secretion so that, the sperms become motile.

### **Hormonal environment of the prostate gland**

- (i) In the adult, prostate gland size is maintained through a homeostatic balance between the process of cell renewal (proliferation) and cell death (apoptosis). This balance is regulated by hormones secreted by the endocrine system, mainly androgens, of which testosterone is the major circulating form.
- (ii) The hormonal environment of the prostate gland is largely dependent upon the part of the endocrine system that involves the hypothalamic-pituitary- testicular axis.
- (iii) The hypothalamus, a kidney bean-sized structure in the brain, initiates a series of events that leads to the secretion of testosterone. The hypothalamus secretes locally acting luteinizing hormone-releasing hormone (LHRH), also known as gonadotrophin-releasing hormone (GnRH), and corticotrophin-releasing hormone (CRH) that act on the pituitary gland to release further hormones.

### **Pituitary gland**

The pituitary gland is situated at the base of the brain and is attached to the hypothalamus like a cherry on a stalk. In response to the hormones secreted by the hypothalamus, the pituitary secretes luteinizing hormone (LH), follicle stimulating hormone (FSH) and adrenocorticotrophin (ACTH). These hormones enter the circulation from where they exert their effects on the testis and adrenal glands.

## **Testis**

- (i) The final target organs in the hypothalamic-pituitary-testicular axis are the testes. Each testis contains a network of tubules, called seminiferous tubules, that produce sperm. The Leydig cells. These cells produce testosterone through the enzymatic conversion of cholesterol.
- (ii) FSH acts on the seminiferous tubules to promote sperm production, while LH acts on the Leydig cells to stimulate production of testosterone. The testis produce about 5–10 mg of testosterone each day.
- (iii) Testosterone is the most important male sex hormone and is responsible for maturation of the genital organs and the development of the male secondary sexual characteristics. The growth and maintenance of the prostate gland is critically dependent upon testosterone – a fact that has great importance for the treatment of prostate cancer.
- (iv) A small proportion (about 5%) of total plasma testosterone is also produced by the adrenal glands. ACTH stimulates the adrenal glands to produce the adrenal androgens, androstenedione and dehydroepiandrosterone, which are converted into testosterone in peripheral tissues and in the prostate gland.

### **Negative feedback control**

- (i) Testosterone controls its own release through a negative feedback effect on the hypothalamic-pituitary-testicular axis . When testosterone levels in the bloodstream are raised, the hypothalamus reduces the secretion of LHRH, which inhibits the secretion of LH from the pituitary gland.
- (ii) The overall effect is to reduce the amount of LH acting on the Leydig cells, thus reducing testosterone secretion.

### **Prostatic cell function**

- (i) Most testosterone (97%) circulates in the bloodstream bound to one of two proteins, either sex hormone binding globulin (SHBG) or albumin.
- (ii) A small percentage of testosterone (2–3%) remains unbound and it is the unbound form of testosterone that is thought to affect the glandular cells of the prostate gland.
- (iii) Free testosterone passes through the prostate cell membrane where it is metabolised to DHT by the enzyme 5 alpha-reductase. DHT is 2.5 times more potent as a male sex hormone than testosterone. DHT binds to androgen receptors (AR) within the glandular cells.
- (iv) The complex of AR with DHT then targets, within the cell nucleus, specific DNA sequences known as androgen response elements, that activate cell functions, including growth and proliferation .

## **Benign Prostatic Hypertrophy (BPH)**

### **Synonyms:**

Benign Prostatic Hyperplasia

Prostate enlargement

### **Definition:**

BPH (also referred to as benign prostatic hypertrophy) is a condition in which the prostate gland becomes very enlarged and may cause problems associated with urination.

### **Growth of Prostate:**

The prostate goes through two main periods of growth. In early puberty, the prostate doubles in size. Then, around age 25, the prostate begins to grow again and continues to grow throughout most of a man's life.

### **Prevalence of age Group:**

- BPH rarely causes symptoms before age 40.
- More than half of men in their 60s have some symptoms of BPH.

As many as 90 percent of men in their 70s and 80s have some symptoms of BPH.

### **Causes of BPH:**

#### ➤ Sex Hormonal imbalance

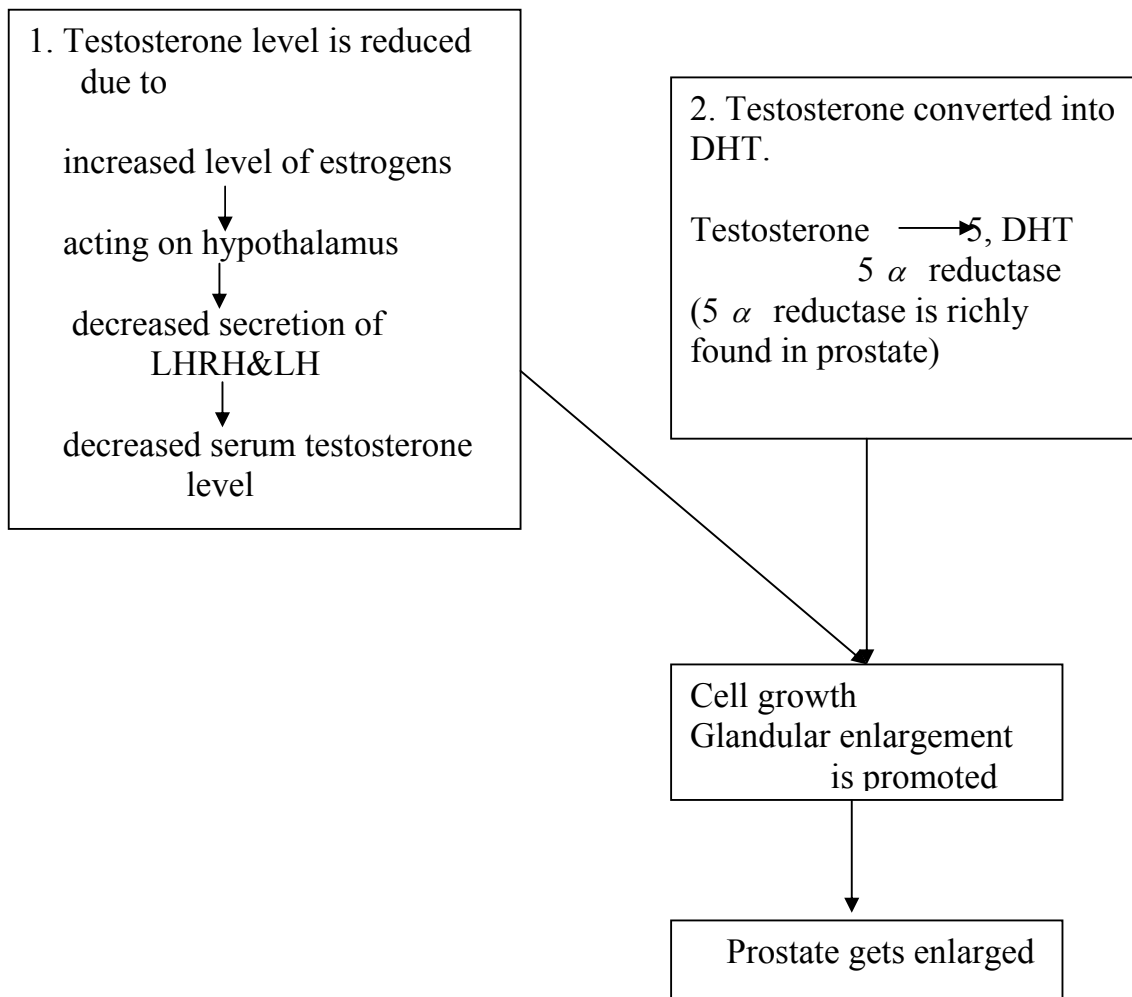
- Serum Testosterone level – decreases

Serum Oestrogen level – not decreases equally, it increases in its level

➤ Dihydro testosterone

- As aging occurs, the amount of DHT in prostate gland is high, even through the circulating testosterone level drops.
- Accumulation of DHT may encourage the growth of cells.

Men who have their testis removed before puberty do not develop hypertrophy of the prostate. It is for this reason that BPH is said to be male sex hormonal related.





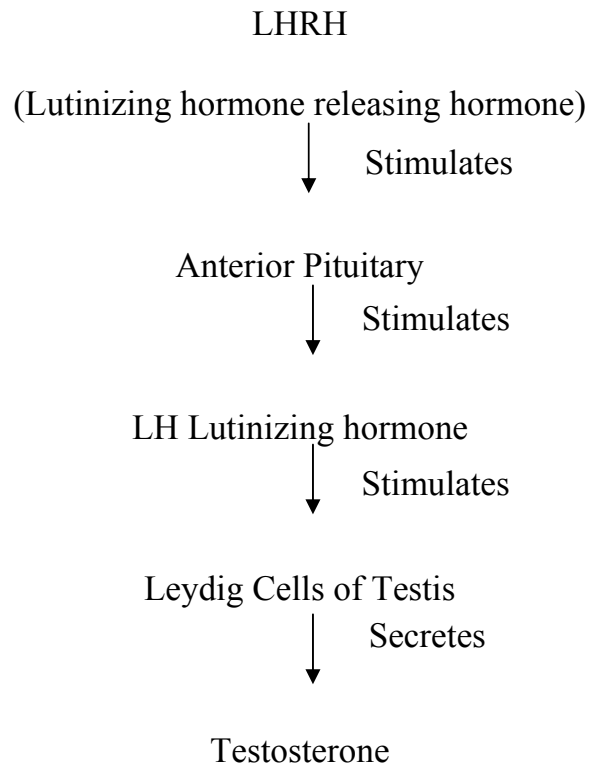
## **Pathogenesis of BPH:**

Generally at the age of 40, Senile changes occur in all organs of our body. In prostate enlargement hormonal changes are main cause.

- In men over 70 years of age the prostate enlargement characteristic of BPH is dominated by epithelial proliferation and the expansile growth of existing nodules, probably as the result of androgenic and other hormonal stimulation. The development of symptomatic BPH depends on the proportion of epithelium to stroma.
- The inner Part of the gland is responsive to both oestrogen and androgens, but the outer part responds only to androgen.
- The inner part of the prostate gland that becomes hyperplastic and as it enlarges the outer part of the gland is stretched and compressed.
- Usually, the hyperplastic prostate is 2-4 times its normal size, weighing 40-80 gm though occasionally, it is 200 gm or more. Hyperplasia is usually greatest in the lateral and median lobes with compression of the posterior part of the gland.
- The primary hormonal mediator of BPH is probably dihydrotestosterone. This androgen is the major intracellular metabolite of testosterone after its conversion by 5- $\alpha$  reductase.
- Testosterone and Dihydrotestosterone bind to nuclear androgen receptors in stromal and epithelial cells in the prostate, although dihydrotestosterone has a fivefold higher affinity.
- The nuclear androgen receptor content of BPH is greater than of normal prostates tissue. There may also be a synergistic stimulation of growth of BPH produced by DHT & Oestrogen such as estradiol. It is

likely that there biochemical growth factors are involved in the development of BPH.

Normally, the growth of prostate is governed by Testosterone. It is male sex hormone. It is controlled by,

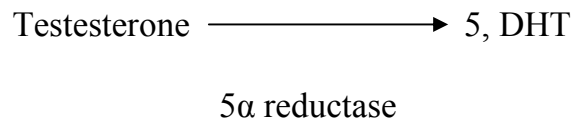


### **In prostatic Enlargement.....**

Testosterone level is reduced due to

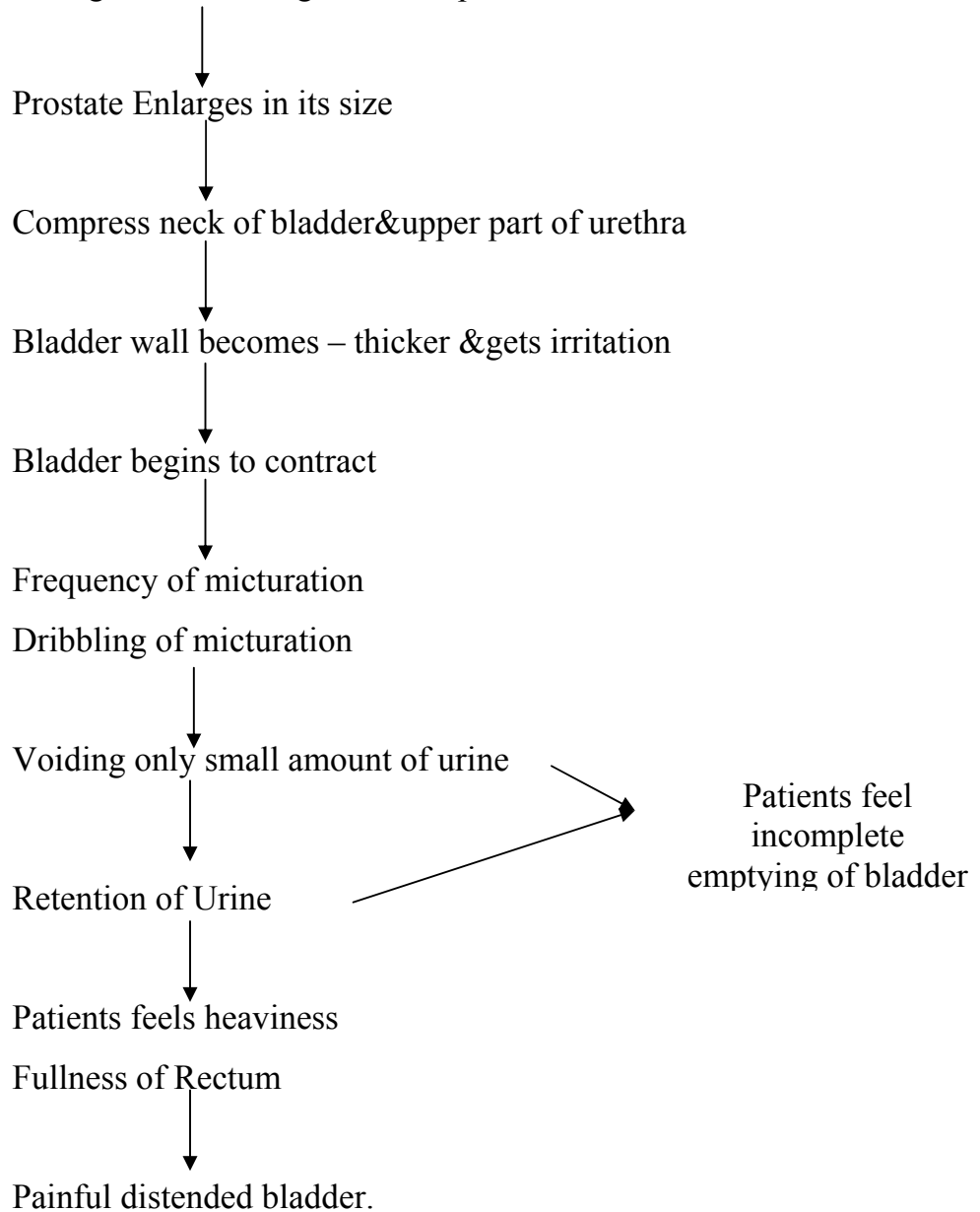
1. Increased level of oestrogen  
↓  
Acting on Hypothalamus  
↓  
Decreased the Secretion of LHRH& LH  
↓  
Decrease's serum testosterone level.

2. Testosterone converted into DHT (Dihydro testosterone)



(5 $\alpha$  reductase – richly found in prostate gland.)

So, As a consequences of **oestrogen and DHT** acting together, cell growth and glandular enlargement are promoted.



### **Pathology of BPH:**

- On cross section of the affected prostate gland, the nodules usually are fairly and readily identified. They vary in colour and consistency. Nodules are 0.5 to 2cm in diameter, which are soft or firm, rubbery consistency. In nodules with glandular proliferation, the tissue is yellow-pink with a soft consistency and a milky white prostatic fluid oozes out of this area.
- In those primarily due to fibromuscular involvement, the nodule is pale grey, is tough, does not excude fluid, and is less clearly demarcated from the surrounding prostatic capsule. Although the nodule doesn't have true capsules. The compressed surrounding prostatic tissue creates a plane of cleavage about them.

### **If the the prostate enlarges...**

- As the prostate enlarges, it compresses against the urethra and interferes with urination. At the same time, the bladder wall becomes thicker and irritated, and begins to contract - even when it contains small amounts of urine - which causes more frequent urination. And, as the bladder continues to weaken, it may not empty completely and leave some urine behind.
- Blocking or narrowing of the urethra by the prostate, and partial emptying of the bladder, cause many of the problems associated with benign prostatic problems.

**Symptoms of BPH:**

The following are the most common symptoms of benign prostatic hyperplasia. However, each individual may experience symptoms differently. Symptoms may include:

- Pain full distended abdomen
- Leaking or dribbling of urine
- More frequent urination, especially at night
- Urgency to urinate
- Urine retention - inability to urinate.
- A hesitant, interrupted, weak stream of urine

Associated symptoms are.,

- Haematuria
- Urinary tract infection
- Loss of libido
- Sexual dysfunction

**Complications of BPH:**

The progression of symptoms in Benign Prostatic Hyperplasia (BPH) is typically very slow, and additional symptoms, when they occur, often come and go. Individual response to these symptoms also varies widely. Some men can tolerate very uncomfortable sensations of abnormal urination, while other men seek relief from mild symptoms.

**Bladder Obstruction:**

Men are more apt to tolerate voiding symptoms (intermittent flow, hesitancy before urinating) and seek help for storage symptoms (urgency,

frequency, urination at night). Voiding symptoms, however, may indicate an obstruction blocking the bladder, which if extensive can severely reduce urine flow and cause other complications, some serious.

**Acute Urinary Retention :**

Sometimes a man is unaware of an obstruction until he suddenly cannot urinate at all. This condition is called acute urinary retention. It is a dangerous complication that can damage the kidneys and may require emergency surgery.

**Blood in urine (Haematuria):**

BPH can cause blood in the urine, but bleeding cannot be assumed to be due to an enlarged prostate unless other more serious causes have been eliminated.

**Urinary Tract Infection :** Which has symptoms such as

- ❖ Burning micturition
- ❖ Dysuria
- ❖ Fever
- ❖ Frequent urination.

**Overflow incontinence:**

Leaking of urine due to an overfull bladder which does not empty.

**Kidney failure:**

- ❖ fatigue
- ❖ weight loss
- ❖ fluid overload etc.

## **Diagnosis of BPH :**

Diagnosing BPH in its earlier stages can lower the risk of developing such complications. In addition to a complete medical history and physical examination, diagnostic procedures for BPH may include the following:

- **Digital rectal examination (DRE):**

A procedure in which the physician inserts a gloved finger into the rectum to examine the rectum and the prostate gland for signs of cancer.

- **Ultra sonogram:**

It is more useful to deduct the size, volume and weight of enlarged prostate and residual urine volume.

- **Renal ultrasound:**

A non-invasive test in which a transducer is passed over the kidney producing sound waves which bounce off of the kidney, transmitting a picture of the organ on a video screen. The test is used to determine the size and shape of the kidney, and to detect a mass, kidney stone, cyst, or other obstruction or abnormalities.

- **Intravenous pyelogram (IVP) :**

A series of x-rays of the kidney, ureters, and bladder with the injection of a contrast dye into the vein - to detect tumors, abnormalities, kidney stones, or any obstructions, and to assess renal blood flow.

- **Cystoscopy (Also called cystourethroscopy) :**

An examination in which a scope, a flexible tube and viewing device, is inserted through the urethra to examine the bladder and urinary tract for structural abnormalities or obstructions, such as tumors or stones.

- **Urine flow study :**

A test in which the patient urinates into a special device that measures how quickly the urine is flowing. A reduced flow may suggest benign prostatic hyperplasia(BPH).

- **Prostate specific antigen (PSA):**

There is significant overlap between serum PSA values of men with BPH and those of men with clinically localized prostate cancer. 28% of men with histologically proven BPH have a serum PSA level greater than 4.0ng /ml.



## **EVALUATION OF DISSERTATION TOPIC**

### **MATERIALS AND METHODS**

The study in the Noi- naaddal aspects ie., pathological view of “Moothira Kaadha Kirecharam” was carried out in Govt. Siddha Medical College Hospital, Palayamkottai at out patient department.

For the clinical study 20 cases suffering from “Moothira Kaadha Kirecharam” having signs and symptoms as stated in the “Dhanvanthri vaidhiyam – Part II” were selected. The 20 cases are selected for the dissertation under the guidance of Head of the Department and faculties of Noi-naadal Department, Post Graduate of Govt. Siddha Medical College Hospital, Palayamkottai.

#### **Evaluation of clinical Parameters:**

The cases were subjected to careful scrutiny, which involved history taking and examination of clinical features are,

- ❖ Painful distended abdomen
- ❖ Dribbling of urine
- ❖ Frequency of Micturition
- ❖ Urgency of Micturition
- ❖ Burning Micturition
- ❖ Dysuria

Associated futures are,

- ❖ Haematuria
- ❖ Urinary tract infection
- ❖ Hesitancy in Urination
- ❖ Sensation of incomplete emptying

A following history was taken from the patients in detail.

- ❖ Family History
- ❖ Personal history
- ❖ Prevalence of age group
- ❖ Occupational history
- ❖ Diet habits,
- ❖ Habitual works

- were noted.

All the clinical signs and symptoms of “Moothira kaadha kirechram” and it’s diagnosis is done by assessing the following criteria.

**Siddha Aspect:**

- ❖ Mukktra nilai
- ❖ Udal thathukal
- ❖ Envagai thervugal including neerkuri and neikuri
- ❖ Neerkuri
- ❖ Aayulthoda nirnayam
- ❖ Manikadai nool
- ❖ Nilam
- ❖ Thinai

**Modern Aspect:**

Physical examination - Digital rectal examination

## **Lab studies:**

### **Haematological investigations:**

- ❖ Total WBC
- ❖ Differential count
- ❖ Erythrocyte sedimentation rate
- ❖ Haemoglobin concentration
- ❖ Blood sugar (R)
- ❖ Blood urea
- ❖ Serum cholesterol level

### **Urine Analysis:**

- ❖ Albumin
- ❖ Sugar
- ❖ Deposits
- ❖ Specific gravity
- ❖ Culture and sensitivity tests

### **Motion Analysis:**

- ❖ Ova
- ❖ Cyst
- ❖ Occult blood

### **Confirmatory Investigation:**

- ❖ Ultra sonogram

### **Special Investigation:**

- ❖ Hormonal assay
- ❖ Prostate Specific Antigen
- ❖ Biopsy

## **OBSERVATION AND RESULTS**

Results were observed with respect to the following criteria

### **Siddha aspect**

1. Age distribution
2. Kaalam
3. Seasonal variations
4. Thinaï reference
5. Dietary changes
6. Socio - economic status
7. Onset of the disease
8. Mukkutram
9. Udal kattugal
10. Envagai thervugal including neerkuri and neikuri
11. Manikadai nool
12. Signs and symptoms

### **Modern aspect**

1. Investigation of blood
2. Investigation of urine
3. Investigation of stools
4. Ultra sonogram
5. Hormonal assay
6. Prostate Specific Antigen
7. Biopsy

## 1. Age distribution

**Table - 1**

S. No.	Age	No. of Cases
1.	60-69	14
2.	70-79	4
3.	80-89	2

Out of 20 cases are taken from age group of 60-69 years

## 2. Kaalam

**Table - 2**

S. No.	Kaalam	No. of cases
1.	Vaatha kaalam	10
2.	Pitha kaalam	10

The cases for this study belong to pitha kaalam and vaadha kaalam

## 3. Seasonal variations

**Table - 3**

S. No.	Paruvakaalam	No.of. cases
1.	Kaar kaalam	2
2.	Koothir kaalam	1
3.	Munpani kaalam	1
4.	Pinpani kaalam	1
5.	Ilavenil kaalam	10
6.	Muthuvenil kaalam	5

Out of 20 cases 10 cases are affected in Ilavenil kaalam

#### 4. Thinaï reference

**Table - 4**

S. No.	Thinaï	No. of cases
1.	Marutham	19
2.	Neithal	1

Out of 20 cases 19 cases are taken from Marutham

#### 5. Dietary changes

**Table - 5**

S. No.	Dietary habits	No. of cases
1.	Vegetarian	2
2.	Mixed diet	18

Out of 20 cases 18 cases had taken mixed diet.

#### 6. Socio - economic status

**Table – 6**

Sl.No	Socio - economic status	no.of.cases
1.	Poor	4
2.	Middle class	14
3.	Upper class	2

Out of 20 cases 14 cases comes under Middle Class.

## 7. Onset of disease

**Table - 7**

S. No.	Onset of disease	No. of cases
1.	Acute	-
2.	Subacute	-
3.	Chronic	20

Onset of disease is chronic for all 20 cases.

## 8. Mukkuttram

The derangement undergone by the various types of vali, azhal and Iyam

### a) Azhal:

**Table – 8**

S. No.	Azhal types	No. of cases
1.	Anar pitham	18
2.	Ranjaga pitham	4
3.	Prasaka pitham	17
4.	Aalosaga pitham	19
5.	Sathaga pitham	20

All cases are affected by increased azhal

**b) Iyam:**

**Table – 9**

<b>Sl.No</b>	<b>Iyam types</b>	<b>No.of cases</b>
1.	Avalampagam	18
2.	Kilethagam	18
3.	Pothagam	18
4.	Tharpagam	16
5.	Santhigam.	20

All cases are affected by increased iyam

**c) Vali:**

**Table – 10**

<b>S. No.</b>	<b>Vali types</b>	<b>No. of cases</b>
1.	Pranan	18
2.	Abanan	20
3.	Viyanan	20
4.	Uthanan	-
5.	Samanan	20
6.	Nagan	-
7.	Koorman	19
8.	Kirugaran	18
9.	Devathathan	18
10.	Danajayan	-

All cases are affected by decreased vali



## 9. Udal thathukkal:

**Table - 11**

<b>S. No</b>	<b>Udal Kattugal</b>	<b>No. of cases</b>
1.	Saaram	20
2.	Senneer	20
3.	Oon	20
4.	Kozhuppu	20
5.	Enbu	20
6.	Moolai	20
7.	Sukkilam	20

All udal thathukkal are affected in all cases

## 10. Manikadai Nool (Viral kadai Alavu)

**Table - 12**

<b>Viral kadai Alavu</b>	<b>No. of cases</b>
8 <sup>3</sup> / <sub>4</sub>	1
9 <sup>1</sup> / <sub>4</sub>	18
9	1

Out of 20 cases 18 cases had similar measurements

## 11. The Picture of Envagai Thervugal

**Table - 13**

Cases No	Naadi	Sparisam	Naa	Niram	Mozhi	Vizhi	Malam	Moothiram
1	PK	A	A	NA	A	A	A	A
2	PK	NA	NA	NA	NA	A	A	A
3	PK	A	A	A	NA	A	A	A
4	KV	NA	A	NA	NA	A	A	A
5	PK	A	A	NA	NA	A	A	A
6	PK	A	A	NA	NA	NA	A	A
7	PK	A	A	A	A	A	A	A
8	KP	A	A	NA	NA	A	A	A
9	PK	A	NA	NA	NA	A	A	A
10	PK	A	A	NA	NA	A	NA	A
11	PK	A	A	A	A	A	A	A
12	KP	A	A	NA	NA	A	NA	A
13	PK	A	A	NA	A	A	A	A
14	PK	A	A	A	NA	A	A	A
15	PK	A	A	NA	NA	A	A	A
16	PK	A	A	NA	NA	A	A	A
17	PK	A	A	NA	A	A	A	A
18	PK	A	A	NA	NA	A	A	A
19	PK	A	NA	NA	NA	A	A	A
20	PK	A	A	NA	A	A	NA	A

NA - Not Affected

A - Affected

PK - Pitha Kabam

KP - Kabapitham

KV - Kabha Vadham

**(a). Neerkuri Reference**

**Table – 14**

<b>Observation</b>	<b>Niram</b>	<b>Manam</b>	<b>Nurai</b>	<b>Edai</b>	<b>Enjal</b>
<b>Normal</b>	-	16	4	17	16
<b>Abnormal</b>	20	4	16	3	4

**(b). Neikuri Reference**

**Table – 15**

<b>S. No.</b>	<b>Types</b>	<b>Character of urine</b>	<b>No. of cases</b>
1.	Vaadha neer	Lengthens like a snake	-
2.	Pitha neer	spreads like a ring	3
3.	Kaba neer	Resembles a pearl	17

Out of 20 cases 15 cases had shown kabaneer

**12. Signs and Symptoms**

**Table - 16**

<b>S. No.</b>	<b>Signs and symptoms</b>	<b>No. of cases</b>
1.	Painful distended abdomen	18
2.	Dribbling of urine	20
3.	Frequency of Micturition	20
4.	Urgency of Micturition	20
5.	Burning Micturition	20
T 6.	Dysuria	20

The signs and symptoms are similar in all cases.

## **Associated Signs and Symptoms**

**Table : 17**

<b>S. No.</b>	<b>Signs and symptoms</b>	<b>No. of cases</b>
1.	Haematuria	2
2.	Urinary tract infection	4
3.	Hesitancy in Urination	20
4.	Sensation of incomplete emptying	20

## Lab report – Haematology and Stools Examination

**Table – 18**

Case No	Blood						ESR		Hb gms/dl	Bio Chemical			Stools Examination	
	Tc cells cumm	DC Cells					1/2 hr mm	1 hr mm		Sugar mgs%	Urea mgs%	Serum Cho Mgs%	Ova/cyst	Occult blood
		P%	L%	E%	B%	M%								
1	9,000	60	32	6	1	1	3	6	9	82	22	150	Nil	Nil
2	9,200	59	39	2	-	-	20	45	14.8	86	26.8	165	Nil	Nil
3	8,200	58	38	4	-	-	2	4	13	105	25	172	Nil	Nil
4	9,700	52	47	-	1	-	2	5	14.2	99	30.4	189	Nil	Nil
5	9,200	68	30	2	-	-	2	4	13.6	115	30	195	Nil	Nil
6	8,400	48	45	4	2	1	4	8	12.3	101	20.5	157	Nil	Nil
7	8,900	58	40	2	-	-	2	4	10.5	95	32	160	Nil	Nil
8	7,800	47	46	6	-	1	3	5	13.4	120	29	140	Nil	Nil
9	8,100	60	40	-	-	-	3	8	12.6	89	21	192	Nil	Nil
10	9,300	56	42	2	-	-	2	5	11.2	115	34	184	Nil	Nil
11	7,000	58	38	4	-	-	4	9	13	120	26	197	Nil	Nil
12	8,600	70	30	-	-	-	30	75	14	103	33	164	Nil	Nil
13	9,100	60	34	4	-	2	3	6	12.8	114	28	177	Nil	Nil
14	8,700	63	31	6	-	-	10	24	9	112	31	186	Nil	Nil
15	6,700	52	46	1	-	1	3	7	13.5	97	23.3	141	Nil	Nil
16	8,200	59	39	2	-	-	2	4	12.8	82	35	196	Nil	Nil
17	7,300	61	37	2	-	-	2	5	14.1	108	27	179	Nil	Nil
18	6,900	50	47	1	2	-	2	6	13.3	110	37	168	Nil	Nil
19	8,900	52	44	4	-	-	2	4	13.4	97	23.5	163	Nil	Nil
20	5,900	68	30	2	-	-	2	5	15.4	108.3	29.8	178	Nil	Nil

## Laboratory Investigation - urine

**Table - 19**

Case No.	Albumin	Sugar	Deposits				Specific gravity	Culture & Sensitivity
			Pus C	Epi C	RBC	Crys		
1	Nil	Nil	-	-	<b>Plenty</b>	-	1.020	-
2	<b>Trace</b>	Nil	1-2	-	-	-	1.018	<b>Enterobacter spp</b>
3	Nil	Nil	-	-	-	-	1.010	-
4	Nil	Nil	-	-	-	-	1.010	-
5	+	Nil	-	-	-	-	<b>1.026</b>	<b>Escherichia coli</b>
6	Nil	Nil	-	-	-	-	1.020	-
7	Nil	Nil	-	-	-	-	1.018	-
8	Nil	Nil	-	-	-	-	1.020	-
9	Nil	Nil	-	-	-	-	1.010	-
10	Nil	Nil	-	-	-	-	1.011	-
11	Nil	Nil	-	-	-	-	1.020	-
12	Nil	Nil	3-4	-	-	-	1.010	No growth
13	Nil	Nil	few	-	-	-	1.010	-
14	Nil	Nil	<b>8-10</b>	<b>few</b>	-	-	1.018	No growth
15	++	Nil	-	1-2	2-3	-	<b>1.030</b>	<b>Escherichia coli</b>
16	Nil	Nil	-	-	-	-	1.010	-
17	Nil	Nil	-	-	-	-	1.020	-
18	Nil	Nil	-	-	-	-	1.018	-
19	Nil	Nil	-	-	-		1.010	-
20	+++	Nil	2-3		<b>Plenty</b>	<b>Cal.ox</b>	<b>1.030</b>	<b>Escherichia coli</b>

## Positive Ultra sonogram – Report

**Table – 20**

<b>Case No.</b>	<b>Age</b>	<b>Size cms</b>	<b>Grade</b>	<b>Volume ml</b>	<b>Weight gms</b>	<b>Residual Urine Volume ml</b>
1	83	$5.4 \times 4.8 \times 4.9$	III	-	96	83
2	70	$4.1 \times 3.6$	I	31	-	52
3	66	$4.7 \times 4.5 \times 4.2$	II	46	-	25
4	67	$4.1 \times 3.6$	I	33	-	Nil
5	65	$4.5 \times 4.1$	I	34	-	36
6	65	$4.1 \times 3.9$	I	-	-	47
7	70	$3.8 \times 3.2$	I	-	-	71
8	66	$3.92 \times 3.53 \times 3.38$	I	-	25	94
9	65	$3.9 \times 4.4 \times 3.5$	I	-	31.7	110
10	60	$3.9 \times 4.3 \times 3.9$	I	-	36.3	75
11	66	$4.3 \times 3.6$	I	40	-	67
12	65	$4.1 \times 3.8$	II	46	-	53
13	70	$4.4 \times 4.1$	I	-	-	83.5
14	67	$3.9 \times 4.2 \times 4.1$	I	35	-	190
15	69	$4.9 \times 3.6 \times 3$	I	27	-	23
16	70	$4.6 \times 3.8$	I	-	-	47
17	80	$4.6 \times 4.5$	II	47	-	120
18	65	$4.2 \times 4.1$	I	-	-	37
19	67	$3.9 \times 4.2 \times 3.7$	I	-	32.4	300
20	66	$4.3 \times 3.8$	I	30.6	27.9	254

**Table – 21: Special Investigations**

<b>Name of the Investigation</b>	<b>Case No.</b>	<b>Details</b>
<b>1.Hormonal Assay</b>	5	2.04 ng/ml
	1	1.28ng/ml
<b>2. PSA</b>	1	21.5 ng/ml
	14	1.29 ng/ml
<b>3. Biopsy</b>	1	Benign adenomyomatous hyperplasia prostate
	3	Benign adenomyomatous hyperplasia
	12	Benign adenomyomatous hyperplasia prostate
	17	Benign adenomyomatous hyperplasia prostate with chronic prostatitis



## NOI KANIPPU VIVADHAM – DIFFERENTIAL DIAGNOSIS.

### வாதகிரிச்சரம்

“மேயநீர் விடுக்கில் நோவாம் மூழ்ந்தநீர் மிகவு நாறு  
மேயநீர்த் துவாரங் காந்தி யெரிந்திடும் விதனமுண்டாந்  
தோயுமிக் குணங்கள் வாதகிரிச்சன மென்ன தோன்றும்  
வாயுமா முனிவன் சொன்னா னறிகுவீர் புவியுள்ளோரே”

- தன்வந்திரி வைத்தியம்.

- ❖ Dysuria
- ❖ Unpleasant odour urine
- ❖ Burning sensation present in urethra.

Although the features of burning micturition, pain and agony are present, the symptoms of dribbling of urine, frequent micturition in small quantities, sudden stoppage of urine during micturition and incontinence are absent. Which are present in Moothira Kaadha Kirecharam.

### வாதகுண்டலி

“இதமின்றி மூத்திரந்தான் யிற்றிறோர் துளியாய் வீழு  
மதுநொந்து கடுத்தெரிந்து விதனமா யமுந்தி காணுங்  
குதம்நொந்து நீரைக்கட்டி வயிறது பொருமிக் கொள்ளு  
மதமிஞ்சு கிரிச்சனத்தில் வாதகுண்டலி யென்றோதே”

- தன்வந்திரி வைத்தியம்.

- ❖ Dribbling of urine
- ❖ Burning micturition

- ❖ Dysuria
- ❖ Perineal pain
- ❖ Obstruction of urine
- ❖ Lower abdominal discomfort.

Although the features of dribbling of urine, burning micurition, dysuria, lower abdominal discomfort are present, the symptoms of frequency of micturition, passing only small quantity of urine are absent, Which are present in Moothira Kaadha Kirecharam.

### கிரிச்சர பிரமியம்

“அரித்திரம்போ னீறங்கு மாண்மை குன்றும்

அருக்கியே மிகக்கடுத்து நீர்தான் வீழும்

நெரித்திரம்போ னீர்தனை யேநட்டிக் கொள்ளு

நிரசியம்போற் சரீரத்தி லுறக்க மில்லை

தரித்திரம்போ லன்னத்தை பொசிக்க வொட்டாது

சஞ்சலமாய் மனதுதான் றரிக் கொட்டாது.

விரித்திரம்போ லுடம்பெல்லா முளைச்ச லுண்டாம்

விகிமுத்திர கிரிச்சர பிரமியந் தானே”

- யுகி வைத்திய சிந்தாமணி.

- ❖ Yellowish discolouration of urine
- ❖ Impotence
- ❖ Obstruction of urine flow
- ❖ Insomnia

- ❖ Anorexia
- ❖ Depression
- ❖ Body pain

Although, the features, dysuria, obstruction of urine flow, passing small amount of urine are present, the symptoms of dribbling of urine, discontinuity in the stream of urine , lower abdominal pain and discomfort are absent. Which are present in Moothira Kaadha Kirecharam.

<b>Vivathathkuria Noigal</b>	<b>Present Symptoms</b>	<b>Absent Symptoms</b>
1. Vaadha Kirecharam	Burning micturition	Dribbling of urine
	Dysuria	Breaking of urination
2. Vaadha Kundali	Dribbling of urine	Frequency of micturation
	Dysuria	Painful distended bladder
	Burning micturition	
3. Kireechara Piramiyam	Frequency of micturition	Dribbling of urine
	Dysuria	Breaking of urination
		Painful distended bladder

## DISCUSSION

In general diseases are classified into two types. They are,

- ❖ functional disorder
- ❖ organic invasions.

The functional units of our body are the three vital forces, which are vali, Azhal and Iyam. Any disturbance in the vital humour will affect the function of the vital organ. In chronic condition, it may lead to pathological changes in the affected organ.

Azhal maintains the metabolic activities of our body. It is important in the connecting network of the body from sense organ to brain and tissue to tissue and even cell to cell.

The clinical studies on all selected cases underwent investigation by both siddha as well as modern allied parameters.

Interpretation of Clinical History:

### **1. Age group:**

All selected 20 cases, mentioned in inclusion criteria above 60 - 100.

### **2. Dietary habits:**

Out of 20cases 18 cases who took the food which increases the azhal kutram – 90%

### **3. Occupation:**

Out of 20 cases, 17 cases who work with jobs which increases azhal kutram – 85%.

#### **4. Clinical features:**

All the 20 cases depicted the clinical features mentioned in the poem “Moothira kaadha Kirecharam” in the text book of “Dhanvanthri vaidhiyam part-II” – 100%

#### **INTERPRETATION OF SIDDHA PARAMETERS:**

##### **Interpretation of Evagai thervugal**

<b>Evagai Thervugal</b>	<b>No of cases</b>	<b>Percentage%</b>
Naadi	17	85
Naa	17	85
Niram	4	20
Mozhi	6	30
Vizhi	19	95
Sparism	18	90
Malam	17	85
Moothiram	20	100

##### **1. Naadi:**

Out of 20 cases in 17 cases naadi was affected - pitha kabam - 85%

##### **2. Sparism:**

In all 20 cases in 18 cases sparism was affected – 90%

**3. Naa:**

Out of 20 cases 17 cases naa was affected – 85%

**4. Niram:**

Out of 20 cases in 4 cases niram were having white /black colour patches-20%

**5. Mozhi:**

Out of 20 cases 6 cases were having low pitched voice (Thalnotha oli) – 30%

**6. Vizhi:**

Out of 20 cases in 19 cases vizhi was affected 95%

**7. Malam:**

Out of 20 cases in 17 cases malam was affected – 85%

**8. Moothiram:**

- Neerkuri all cases are affected 100%
- Neikuri – out of 20 in 17 cases shown – Kabaneer ie., Resembles a pearl.

## **Interpretation of Mukkutram**

### **AZHAL**

<b>Azhal</b>	<b>No. of cases</b>	<b>Percentage%</b>
Paasagam	20	90
Ranjagam	4	20
Prasagam	20	85
Aalosagam	20	95
Sathagam	20	100

#### **Paasagam :**

Out of 20 cases in 18 cases paasagam was affected – 90%

#### **Ranjagam :**

Out of 20 cases in 4 cases ranjagam was affected – 20%

#### **Prasagam :**

Out of 20 cases in 17 cases prasagam was affected – 85%

#### **Aalosagam :**

Out of 20 cases in 19 cases aalosagam was affected – 95%

#### **Sathagam :**

All 20 cases sathagam was affected – 100 %

**IYAM :**

<b>Iyam</b>	<b>No of cases</b>	<b>Percentage%</b>
Avalambagam	18	80
Kilethagam	18	80
Pothagam	18	80
Tharpagam	16	70
Santhigam	20	100

**Avalambagam :**

Out of 20 cases in 18 cases avalambagam was affected – 80%

**Kilethagam :**

Out of 20 cases in 18 cases kilethagam was affected – 80%

**Pothagam :**

Out of 20 cases in 18 cases pothagam was affected – 80%

**Tharpagam :**

Out of 20 cases in 16 cases tharpagam was affected – 70%

**Santhigam**

All 20 cases santhigam was affected – 100 %



**VALI :**

<b>Vali</b>	<b>No of cases</b>	<b>Percentage%</b>
Pranan	18	90
Abanan	20	100
Viyanan	20	100
Samanan	20	100
Koorman	19	95
Kirukaram	18	90
Devathathan	18	90

**Pranan**

Out of 20 cases in 18 cases pranan was affected – 90%

**Abanan**

All 20 cases abanan was affected – 100%

**Viyanan**

All 20 cases viyanan was affected – 100%

**Samanan**

All 20 cases samanan was affected – 100%

**Koorman**

Out of 20 cases in 19 cases koorman was affected – 95%

**Kirukaram :**

Out of 20 cases in 18 cases kirukaran was affected - 90%

**Devathathan :**

Out of 20 cases in 18 cases devathathan was affected – 90%

## **Highlights of the Dissertation Topic**

The disease is characterized by hypertrophy of prostate gland (Purastha koolam), it leads to obstruction of the urethra and compresses the urinary bladder.

Patients were having complaints of lower abdominal pain and discomfort, Dribbling of urine after voiding, Increased frequency and urgency of micturition. Burning micturition and Dysuria.

All of these correlate with “Moothirakaadha Kirercharam” as explained by our great siddhar Dhanvanthri.

The symptom which are present in Moothirakaadha kirecharam explained by our great siddhar Dhanvanthri also same in Benign prostatic Hypertrophy as in modern aspect.

## CONCLUSION

Identification of disease and its pathogenesis are pre requisite for medical practice. A detailed history taking clinical examinations as per siddha guide lines are necessary to arrive at precise diagnosis.

The study on Moothirakaadha kirecharam was carried out in the dissertation, giving importance to the characteristics of the disease like,

- ❖ Lower abdominal pain and discomfort
- ❖ Dribbling of urine after voiding of urine
- ❖ Increased frequency and urgency of urination
- ❖ Burning micturition
- ❖ Dysuria.

Diagnosis can be carried out by detailed history taking, classical clinical examination of siddha system neikuri, manikadai nool and changes in seven physical constituents and three humours.

This study on moothira kaadha kirecharam may be correlated with benign prostatic hypertrophy (BPH) which had given relevance to modern clinical entity.

This dissertation Moothira Kaadha Kirecharam can be diagnosis with through signs symptoms and parameters like,

- ❖ Naadi - Pitha kabam,
- ❖ Neerkuri - Yellowish colour urine foamy urine
- ❖ Neikuri - Resembles like a peral
- ❖ Manikadainool - 9 ¼ virarskadai Alavu will show the  
fate of the disease and can confirm this  
disease by allied Parameters Ultra  
sonagram
- ❖ Decreased serum testosterone level
- ❖ Prostate specific antigen
- ❖ Biopsy report.

# PROTOCOL

A study to diagnose “MOOTHIRA KAADHA KIRECHARAM”  
through Siddha Diagnostic Methodology.

By

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Palayamkottai

## BACK GROUND:

### MOOTHIRA KAADHA KIREECHARAM

In Thanvanthri Vaithiyam Thanvanthri Classified 10 types of Kirechara disease. Moothira kaadha kirecharam is one among the kirechara classifications.

Dhanvanthri explained Moothira Kaadha Kirecharam as mentioned below....

“மேவிய உதரந்தான் பொருமிவே தனைகளுண்டா

தாவுழுத்திரி மிற்று மிற்று சற்றுசற்றாக வீழும்

மேவில்கல் லெரிப்பான் போலுங் குணமு மேவுண்டா மென்னீர்

காவியங் கண்ணின் மாதே மூத்திர காத மென்னே”.

It denotes .....

- Painful distended Abdomen
  - Weakstream of urine
  - Frequency of micturition
  - Dribbling of urination
  - Burning micturation
  - Dysuria
- } resembles like Renal Calculi

**Aim:**

**Primary Aim:**

To diagnose Moothira Kaadha Kirecharam through Envagai

Thervu and associated with changes in Muthathu

**Secondary Aim:**

To correlate Moothira Kaadha Kirecharam with thenganilai,

Nilam, Kalam, Aayul thoda Nirnayam.

**Population and Sample:**

Moothira Kaadha Kirecharam patients satisfying the inclusion and exclusion criteria mentioned below.

The samples of 30 patients are selected from the OP and IP Departments of Govt. Siddha Medical College and Hospital under the guidance of Head of the department, faculties of post graduate Noi Naadal Department.

**Sample Size:**

A Sample Size of 30 patients will be taken for detailed study.

**Inclusion Criteria:**

- Age – Above 60
- Positive Ultra Sono gram

**Exclusion Criteria:**

- Renal calculi
- Cystitis
- Diabetes mellitus

**Conduct:**

Moothira Kaadha Kirechara Patients satisfying Inclusion and Exclusion criteria will be included in this study.

Siddha diagnostic procedure such as Envagai thervu including Neerkuri and Neikuri, mukkutra verupadu, manikadainool, theganilai and Aayul thoda Nirnayam of the patients will be noted.

**Form:**

Form diagnostic Performa for Moothira Kaadha Kirecharam.

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6. Theraiyar vagadam
7. Theraiyar venba
8. Thirumandhiram 3000
9. Sikitcha rathna theebam
10. Jeeva rakshamirdham
11. Agathiyar 2000
12. Anubava vaithiya deva ragasiyam
13. Pararasa sekaram
14. Roganirnaya saram
15. Mega noi, soothaga noi and arivaiyar sindhamani
16. Saraha samhitha
17. Madhava nidhanam



**Agarathy**

1. T.V.Sambasivam pillai agarathy
2. Madhurai tamil peragarathy
3. Tamil lexicon

**Mordren texts**

Human anatomyss

1. Essential of human physiology
2. Anderrson's pathology
3. Bailey and love's short practice of surgery
4. Davidson's principles and practice of medicines

**P.G. - NOI NAADAL DEPARTMENT**  
**GOVT. SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI.**

**A Study to Diagnose “Moothira kaadha kirecharam” through  
Siddha Diagnostic Methodology**

**PROFORMA**

1.O.P.No \_\_\_\_\_ 2. I.P. NO \_\_\_\_\_ 3. Bed No: \_\_\_\_\_ 4. S. No: \_\_\_\_\_ 5.Date: \_\_\_\_\_

6. Name: \_\_\_\_\_ 7. Age (Years):   8. Sex: ☐

9. Occupation: \_\_\_\_\_ 10. Income \_\_\_\_\_ \month

11. Address: .....  
.....

**Signature of department faculty**

**12. Complaints and duration:**

.....  
.....  
.....

**13. History of present illness:**

.....  
.....  
.....

**14. Past history:**

.....  
.....  
.....

**15. Family History:**

.....  
.....  
.....

**16. Personal History:**

.....  
.....

Habits		1.Yes	2.No	
17.Betelnut chewer	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
18.Tea	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
19.Coffee	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
20.Smoking	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
21.Alcohol	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
22.Yoga	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
23.Food habits	:	V <input type="checkbox"/>	NV <input type="checkbox"/>	_____

### General etiology for Moorthira kaadha kirecharam

	1.Yes	2.No	
24.Intake of spicy foods :	<input type="checkbox"/>	<input type="checkbox"/>	_____
25.Indigested food	<input type="checkbox"/>	<input type="checkbox"/>	_____
26.Excess indulgence in sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	_____
27.Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	_____
28.High Calorie food	<input type="checkbox"/>	<input type="checkbox"/>	_____
29.Hormonal Disturbance	<input type="checkbox"/>	<input type="checkbox"/>	_____

### GENERAL EXAMINATION

30.Weight	:	<input type="text"/> <input type="text"/> <input type="text"/>	(kg)
31. Temperature	:	<input type="text"/> <input type="text"/> <input type="text"/>	(°F)
32.Pulse rate	:	<input type="text"/> <input type="text"/> <input type="text"/>	_____/minute
33.Heart rate	:	<input type="text"/> <input type="text"/> <input type="text"/>	_____/minute

34. Respiratory rate/minute : 

--	--	--

 /minute

35. Blood pressure : 

--	--	--

 / 

--	--	--

 (mm/Hg)

		<b>1.Present</b>	<b>2.Absent</b>	
36. Pallor	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. Jaundice	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
38. Cyanosis	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
39. Lymphadenopathy	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
40. Pedal edema	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
41. Clubbing	:	<input type="checkbox"/>	<input type="checkbox"/>	_____
42. Jugular venous pulsation	:	<input type="checkbox"/>	<input type="checkbox"/>	_____

### **VITAL ORGANS EXAMINATION**

		<b>1.Normal</b>	<b>2.Affected</b>	
43. Stomach		<input type="checkbox"/>	<input type="checkbox"/>	_____
44. Liver		<input type="checkbox"/>	<input type="checkbox"/>	_____
45. Spleen		<input type="checkbox"/>	<input type="checkbox"/>	_____
46. Lungs		<input type="checkbox"/>	<input type="checkbox"/>	_____
47. Heart		<input type="checkbox"/>	<input type="checkbox"/>	_____
48. Kidney		<input type="checkbox"/>	<input type="checkbox"/>	_____
49. Brain		<input type="checkbox"/>	<input type="checkbox"/>	_____

## SIDDHA SYSTEM OF EXAMINATION

### ENNVAGAI THERVUKAL

#### NAA

50 . Maa Padinthiruthal

1. Absent ☐ 2. Present ☐ \_\_\_\_\_

51.Niram

1. Karuppu ☐ 2. Manjal ☐ 3. Velluppu ☐  
4. Others ☐ \_\_\_\_\_

52. Suvai

1. Pulippu ☐ 2. Kaippu ☐ 3. Inippu ☐  
4. Thuvarppu ☐ 5. Kaarppu ☐ 4. Uppu ☐

53.Vedippu

1. Absent ☐ 2. Present ☐ \_\_\_\_\_

54.Vai neer ooral

1. Normal ☐ 2. Excess ☐ 3. Scanty ☐ 4. Absent ☐

55. **NIRAM (Skin)**

1. Karuppu ☐ 2. Manjal ☐ 3. Velluppu ☐ 4. Maaniram ☐

56. **MOZHI**

1. Sama oli ☐ 2. Urattha oli ☐ 3. Thaazhntha oli ☐

#### VIZHI

57. Niram

1. Karuppu ☐ 2. Manjal ☐  
3. Sivappu ☐ 4. Velluppu ☐ \_\_\_\_\_

58. Kanneer

1. Normal ☐ 2. Abnormal ☐ \_\_\_\_\_

59. Erichchal

1. Present ☐ 2. Absent ☐ \_\_\_\_\_

60. Peelai seruthal

1. Present ☐ 2. Absent ☐ \_\_\_\_\_

### MEI KURI

61. Veppam

1. Mitha Veppam ☐ 2. Migu Veppam ☐ 3. Thatpam ☐

62. Viyarvai

1. Normal ☐ 2. Increased ☐ 3. Reduced ☐ \_\_\_\_\_

63. Thodu vali

1. Absent ☐ 2. Present ☐ \_\_\_\_\_

### MALAM

64. Niram

1. Karuppu ☐ 2. Manjal ☐ \_\_\_\_\_  
3. Sivappu ☐ 4. Velluppu ☐

65. Thanmai (Consistency)

1. Ilagal ☐ 2. Irugal ☐ \_\_\_\_\_  
3. Thin ☐ 3. Bulky ☐

66. Alavu

1. Normal ☐ 2. Increased ☐ 3. Decreased ☐

67. Kalichchal

1. Absent ☐ 2. Present ☐ \_\_\_\_\_

68. Seetham

1. Absent ☐ 2. Present ☐ \_\_\_\_\_

69. Vemmai

1. Absent ☐ 2. Present ☐ \_\_\_\_\_

**MOOTHIRAM (Siruneer)**

**NEER KURI**

70. Niram

1. Venmai ☐ 2. Manjal ☐ 3. Sivappu ☐  
4. Others \_\_\_\_\_

71. Manam

1. Absent ☐ 2. Present ☐ \_\_\_\_\_

72. Nurai

1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

73. Edai(Ganam)

1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

74. Enjal(Alavu)

1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

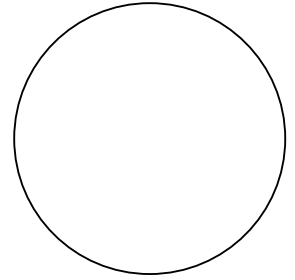
75. Thadavai

1. Day ☐ 2. Night ☐ \_\_\_\_\_

## 76. NEI KURI

- |                      |                          |                       |                          |
|----------------------|--------------------------|-----------------------|--------------------------|
| 1. Aravam            | <input type="checkbox"/> | 2. Mothiram           | <input type="checkbox"/> |
| 3. Muthu             | <input type="checkbox"/> | 4. Aravil Mothiram    | <input type="checkbox"/> |
| 5. Aravil Muthu      | <input type="checkbox"/> | 6. Mothirathil Aravam | <input type="checkbox"/> |
| 7. Mothirathil Muthu | <input type="checkbox"/> | 8. Muthil Aravam      | <input type="checkbox"/> |
| 9. Muthil Mothiram   | <input type="checkbox"/> | 10. Asathiyam         | <input type="checkbox"/> |
| 11. Mellena paraval  | <input type="checkbox"/> |                       |                          |

Diagram



## NAADI(KAI KURI)

### Naadi Nithanam

## 77.Kaalam

- |                   |                          |                     |                          |
|-------------------|--------------------------|---------------------|--------------------------|
| 1. Kaarkaalam     | <input type="checkbox"/> | 2. Koothirkaalam    | <input type="checkbox"/> |
| 3. Munpanikaalam  | <input type="checkbox"/> | 4. Pinpanikaalam    | <input type="checkbox"/> |
| 5. Ilavenirkaalam | <input type="checkbox"/> | 6. Muthuvenirkaalam | <input type="checkbox"/> |

## 78.Desam

- |          |                          |           |                          |       |
|----------|--------------------------|-----------|--------------------------|-------|
| 1. Kulir | <input type="checkbox"/> | 2. Veppam | <input type="checkbox"/> | _____ |
|----------|--------------------------|-----------|--------------------------|-------|

## 79.Vayathu

- |            |                          |             |                          |              |                          |
|------------|--------------------------|-------------|--------------------------|--------------|--------------------------|
| 1. 1-33yrs | <input type="checkbox"/> | 2. 34-66yrs | <input type="checkbox"/> | 3. 67-100yrs | <input type="checkbox"/> |
|------------|--------------------------|-------------|--------------------------|--------------|--------------------------|

## 80.Udal Vanmai

- |            |                          |           |                          |           |                          |
|------------|--------------------------|-----------|--------------------------|-----------|--------------------------|
| 1. Iyyalbu | <input type="checkbox"/> | 2. Valivu | <input type="checkbox"/> | 3. Melivu | <input type="checkbox"/> |
|------------|--------------------------|-----------|--------------------------|-----------|--------------------------|

## 81.Naadiyin Vanmai

- |           |                          |           |                          |
|-----------|--------------------------|-----------|--------------------------|
| 1. Vanmai | <input type="checkbox"/> | 2. Menmai | <input type="checkbox"/> |
|-----------|--------------------------|-----------|--------------------------|



## 82.Naadiyin Panbu

- |                |                          |              |                          |               |                          |
|----------------|--------------------------|--------------|--------------------------|---------------|--------------------------|
| 1. Thannadai   | <input type="checkbox"/> | 2. Puranadai | <input type="checkbox"/> | 3. Illaitthal | <input type="checkbox"/> |
| 4. Kathithal   | <input type="checkbox"/> | 5. Kuthithal | <input type="checkbox"/> | 6. Thullal    | <input type="checkbox"/> |
| 7. Azhunthal   | <input type="checkbox"/> | 8. Padutthal | <input type="checkbox"/> | 9. Kalatthal  | <input type="checkbox"/> |
| 10. Munnookku  | <input type="checkbox"/> | 11. Pinnokku | <input type="checkbox"/> | 12. Suzhalal  | <input type="checkbox"/> |
| 13. Pakkanokku | <input type="checkbox"/> |              |                          |               |                          |

## 83. Naadi nadai

- |               |                          |              |                          |               |                          |
|---------------|--------------------------|--------------|--------------------------|---------------|--------------------------|
| 1. Vali       | <input type="checkbox"/> | 2. Azhal     | <input type="checkbox"/> | 3. Iyam       | <input type="checkbox"/> |
| 4. Vali Azhal | <input type="checkbox"/> | 5. Vali Iyam | <input type="checkbox"/> | 6. Azhal Vali | <input type="checkbox"/> |
| 7. Azhal Iyam | <input type="checkbox"/> | 8. Iyavali   | <input type="checkbox"/> | 9. Iya Azhal  | <input type="checkbox"/> |
| 10. Sanni     | <input type="checkbox"/> |              |                          |               |                          |

## 84. MANIKKADAI NOOL ( Viral Kadai Alavu )

## IYMPORIGAL / IYMPULANGAL

- |     |                | 1.Normal                 | 2.Affected                     |
|-----|----------------|--------------------------|--------------------------------|
| 85. | Mei/Ooru       | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 86. | Vaai/Suvai     | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 87. | Kan/Oli        | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 88. | Mookku/Naatram | <input type="checkbox"/> | <input type="checkbox"/> _____ |
| 89. | Sevi/Osai      | <input type="checkbox"/> | <input type="checkbox"/> _____ |

## KANMENTHIRIYANGAL / KANMAVIDAYANGAL

		1.Normal	2.Affected	
90.	Kai/Thaanam	<input type="checkbox"/>	<input type="checkbox"/>	_____
91.	Kaal/Kamanam	<input type="checkbox"/>	<input type="checkbox"/>	_____
92.	Vaai/Vasanam	<input type="checkbox"/>	<input type="checkbox"/>	_____
93.	Eruvaai/Visarkam	<input type="checkbox"/>	<input type="checkbox"/>	_____
94.	Karuvaai/Aanantham	<input type="checkbox"/>	<input type="checkbox"/>	_____

## 95. YAAKKAI

1.Vali	<input type="checkbox"/>	2. Azhal	<input type="checkbox"/>	3.Iyam	<input type="checkbox"/>
4. Valiazhal	<input type="checkbox"/>	5. Valiiyam	<input type="checkbox"/>	6. Azhalvali	<input type="checkbox"/>
7. Azhaliyam	<input type="checkbox"/>	8. Iyavali	<input type="checkbox"/>	9. Iyaazhal	<input type="checkbox"/>

## 96. GUNAM

1.	Sathuva Gunam	<input type="checkbox"/>	2 . Rasatha Gunam	<input type="checkbox"/>
3.	Thamasa Gunam	<input type="checkbox"/>		

## UYIR THATHUKKAL

### I. Vali

	1. Normal	2. Affected	
97. Uyirkkaal (Praanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
98. Keelnokkukkaal (Abaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
99. Nadukkaal (Samaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
100. Melmokkaal (Udhaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
101. Paravukaal (Viyaanan)	<input type="checkbox"/>	<input type="checkbox"/>	_____

102. Vaanthikaal (Naahan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
103. Vizhikkaal (Koorman)	<input type="checkbox"/>	<input type="checkbox"/>	_____
104. Thummikkaal (Kirukaran)	<input type="checkbox"/>	<input type="checkbox"/>	_____
105. Kottavikkaal (Devathathan)	<input type="checkbox"/>	<input type="checkbox"/>	_____
106. Veengukkaal (Dhananjeyan)	<input type="checkbox"/>	<input type="checkbox"/>	_____

## II. Azhal

1. Normal

2. Affected

107. Aakkanal (Anala pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
108. Olloliththee (Prasaka pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
109. Vannayeri (Ranjaka pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
110. Nokku Azhal (Aalosaka pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____
111. Aatralangi (Saathaka pitham)	<input type="checkbox"/>	<input type="checkbox"/>	_____

## III. Iyam

1. Normal

2. Affected

112. Aliiyam (Avalambagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
113. Neerppiiyam (Kilethagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
114. Suvaikaaniyam (Pothagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
115. Niraivuiyam (Tharpagam)	<input type="checkbox"/>	<input type="checkbox"/>	_____
116. Ondriiyam (Santhigam)	<input type="checkbox"/>	<input type="checkbox"/>	_____

## UDAL THATHUKKAL

1. Normal

2. Affected

117. Saaram	<input type="checkbox"/>	<input type="checkbox"/>	_____
118. Senneer	<input type="checkbox"/>	<input type="checkbox"/>	_____
119. Oon	<input type="checkbox"/>	<input type="checkbox"/>	_____

120.Kozhuppu	<input type="checkbox"/>	<input type="checkbox"/>	_____
121.Enbu	<input type="checkbox"/>	<input type="checkbox"/>	_____
122.Moolai	<input type="checkbox"/>	<input type="checkbox"/>	_____
123. Sukkilam	<input type="checkbox"/>	<input type="checkbox"/>	_____

### MUKKUTRA MIGU GUNAM

#### I. Vali Migu Gunam

1. Present

2. Absent

124.Emaciation	<input type="checkbox"/>	<input type="checkbox"/>
125.Blackish colouration of body	<input type="checkbox"/>	<input type="checkbox"/>
126.Desire to take hot food	<input type="checkbox"/>	<input type="checkbox"/>
127.Shivering of body	<input type="checkbox"/>	<input type="checkbox"/>
128.Abdominal distension	<input type="checkbox"/>	<input type="checkbox"/>
129.Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
130.Constipation	<input type="checkbox"/>	<input type="checkbox"/>
131.Weakness	<input type="checkbox"/>	<input type="checkbox"/>
132.Weakness of sense organs	<input type="checkbox"/>	<input type="checkbox"/>
133.Giddiness	<input type="checkbox"/>	<input type="checkbox"/>
134.Sluggishness	<input type="checkbox"/>	<input type="checkbox"/>

#### II. Azhal Migu Gunam

1. Present

2. Absent

135.Yellowish discolouration of the skin	<input type="checkbox"/>	<input type="checkbox"/>
136.Yellowish discolouration of the eye	<input type="checkbox"/>	<input type="checkbox"/>
137.Yellowish discolouration of urine	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 138. Yellowish discolouration of faeces | <input type="checkbox"/> | <input type="checkbox"/> |
| 139. Increased appetite                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 140. Burning sensation in the body      | <input type="checkbox"/> | <input type="checkbox"/> |
| 141. Insomnia                           | <input type="checkbox"/> | <input type="checkbox"/> |

### III. Iyam Migu Gunam

1. Present

2. Absent

- |                            |                          |                          |
|----------------------------|--------------------------|--------------------------|
| 142. Excessive salivation  | <input type="checkbox"/> | <input type="checkbox"/> |
| 143. Eraippu (dyspnoea)    | <input type="checkbox"/> | <input type="checkbox"/> |
| 144. Heaviness of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 145. Whiteness of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 146. Chillness of the body | <input type="checkbox"/> | <input type="checkbox"/> |
| 147. Reduced appetite      | <input type="checkbox"/> | <input type="checkbox"/> |
| 148. Cough                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 149. Increased sleep       | <input type="checkbox"/> | <input type="checkbox"/> |
| 150. Sluggishness          | <input type="checkbox"/> | <input type="checkbox"/> |

151. State Of Mukkutram

- |         |                          |          |                          |         |                          |       |
|---------|--------------------------|----------|--------------------------|---------|--------------------------|-------|
| 1. Vali | <input type="checkbox"/> | 2. Azhal | <input type="checkbox"/> | 3. Iyam | <input type="checkbox"/> | _____ |
|---------|--------------------------|----------|--------------------------|---------|--------------------------|-------|

### 152. NOI UTRA KAALAM

- |                   |                          |                     |                          |
|-------------------|--------------------------|---------------------|--------------------------|
| 1. Kaarkaalam     | <input type="checkbox"/> | 2. Koothirkaalam    | <input type="checkbox"/> |
| 3. Munpanikaalam  | <input type="checkbox"/> | 4. Pinpanikaalam    | <input type="checkbox"/> |
| 5. Ilavenirkaalam | <input type="checkbox"/> | 6. Muthuvenirkaalam | <input type="checkbox"/> |

**153.NOI UTRA NILAM**

1.Kurinji ☐ 2.Mullai ☐ 3.Marutham ☐

4.Neithal ☐ 5.Paalai ☐

**154.** Date of Birth

**155.** Time of Birth

**156.** Place of Birth

**157.** Pirandha Thinai

**158. NATCHATHIRAM**

1.Aswini ☐ 2.Barani ☐ 3.Karthikai ☐

4.Rohini ☐ 5.Mirugaseeridam ☐ 6.Thiruvathirai ☐

7.Punarpoosam ☐ 8.Poosam ☐ 9.Aayilyam ☐

10.Makam ☐ 11.Pooram ☐ 12.Uththiram ☐

13.Astham ☐ 14.Chithirai ☐ 15.Swathi ☐

16.Visakam ☐ 17.Anusam ☐ 18.Kettai ☐

19.Moolam ☐ 20.Pooradam ☐ 21.Uththiradam ☐

22.Thiruvonam ☐ 23.Avittam ☐ 24.Sadayam ☐

25.Poorattathi ☐ 26.Uththirattathi ☐ 27.Revathi ☐

28.Not known ☐

**29.Padham**

1. I ☐ 2. II ☐ 3. III ☐ 4. IV ☐

**159. RAASI**

1.Mesam	<input type="checkbox"/>	2.Rishabam	<input type="checkbox"/>	3.Midhunam	<input type="checkbox"/>
4.Kadakam	<input type="checkbox"/>	5.Simmam	<input type="checkbox"/>	6.Kanni	<input type="checkbox"/>
7.Thulam	<input type="checkbox"/>	8.Viruchiam	<input type="checkbox"/>	9.Dhanusu	<input type="checkbox"/>
10.Maharam	<input type="checkbox"/>	11.Kumbam	<input type="checkbox"/>	12.Meenam	<input type="checkbox"/>
13.Not known	<input type="checkbox"/>				

**INVESTIGATION****BLOOD**

160.TC (Cells/cumm)	:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
161.DC (%)	:	1.P <input type="text"/> <input type="text"/> 2.L <input type="text"/> <input type="text"/> 3.E <input type="text"/> <input type="text"/> 4.B <input type="text"/> <input type="text"/> 5.M <input type="text"/>
162.Hb (gms%)	:	<input type="text"/> <input type="text"/> .
163.E.S.R. (mm/hr)	:	1.1/2hr <input type="text"/> <input type="text"/> 2.1hr <input type="text"/> <input type="text"/>
164.Blood Sugar (R) (mgs%)	:	<input type="text"/> <input type="text"/> <input type="text"/>
165. Blood Urea (mgs%)	:	<input type="text"/> <input type="text"/> <input type="text"/>
166. Serum Cholesterol	:	<input type="text"/> <input type="text"/> <input type="text"/>

**URINE**

167.Albumin	:	0.Nil <input type="checkbox"/> 1.Trace <input type="checkbox"/> 2.+ <input type="checkbox"/> 3.++ <input type="checkbox"/> 4.+++ <input type="checkbox"/>
168.Sugar	:	0.Nil <input type="checkbox"/> 1.Trace <input type="checkbox"/> 2.+ <input type="checkbox"/> 3.++ <input type="checkbox"/> 4.+++ <input type="checkbox"/> 5.++++ <input type="checkbox"/>

**DEPOSITS**

1. Yes

2. No

169.Pus cells

☐☐

---

170.Epithelial cells

☐☐

---

171.RBCs

☐☐

---

172.Crystals

☐☐

---

**173. SPECIFIC GRAVITY OF URINE:****174. CULTURE AND SENSITIVITY TEST****MOTION TEST:**

1. Yes

2. No

175.Ova

☐☐

---

176.Cyst

☐☐

---

177.Occult blood

☐☐

---

**178. DIGITAL RECTAL EXAMINATION :****179. ULTRA SONOGRAM:****Impression:**

Size -

Grade -

Residual Urine Volume -

Others –

**180. Hormonal Assay:****181. PSA:****182. Biopsy:**



## Clinical Symptoms of Moorthira kaadha Kirecharam

	1.Present	2.Absent	
183. Painful distended bladder	<input type="checkbox"/>	<input type="checkbox"/>	_____
184. Dribbling of urine	<input type="checkbox"/>	<input type="checkbox"/>	_____
185. Frequency of micturition	<input type="checkbox"/>	<input type="checkbox"/>	_____
186. Urgency of micturition	<input type="checkbox"/>	<input type="checkbox"/>	_____
187. Burning micturition	<input type="checkbox"/>	<input type="checkbox"/>	_____
188. Dysuria	<input type="checkbox"/>	<input type="checkbox"/>	_____
Associated symptoms			
189. Haematuria	<input type="checkbox"/>	<input type="checkbox"/>	_____
190. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
191. Hesitency in Urination	<input type="checkbox"/>	<input type="checkbox"/>	_____
192. Sensation of incomplete emptying	<input type="checkbox"/>	<input type="checkbox"/>	_____

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7. Theraiyar venba
8. Thirumandhiram 3000
9. Sikitcha rathna theebam-Kannusami pillai
- 10.Jeeva rakshamirdham
- 11.Agathiyar 2000
- 12.Anubava vaithiya deva ragasiyam
- 13.Pararasa sekaram
- 14.Roganirnaya saram
- 15.Mega noi,soothaga noi and arivaiyar sindhamani –Dr. Mohan Raj
- 16.Saraha samhitha
- 17.Madhava nidhanam

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